MAY 2 3 1990

HE 22.35: Oh 3/988-89/pt.3

MEDICARE/MEDICAID NURSING HOME INFORMATION

OHIO

PART 3

GAHANNA TO MILLERSBURG

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

88/89

MEDICARE/MEDICAID NURSING HOME INFORMATION

1988-1989

OHIO

Part 3

Gahanna-Millersburg

Louis W. Sullivan, M.D.
Secretary
U.S. Department of Health & Human Services

Gail R. Wilensky, Ph.D.
Administrator
Health Care Financing Administration

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 59 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

Table of Contents

Introduction I

Uses and Limitations II

Description of the Survey and Certification Process IV

Sources of Information V

Further Considerations XVII

Glossary of Terms XX

How to Read the Information XXII

Alphabetical Index of Nursing Homes XXVII

Nursing Home Profiles 1

Nursing Home Survey Report Form .... Appendix

INTRODUCTION

The Health Care Financing Administration is the Federal agency responsible for the Medicare and Medicaid programs. We have a responsibility to provide the public with a wide range of information about the health care paid for through these programs. This second edition of the Medicare/Medicaid Nursing Home Information report is part of our continuing commitment to provide needed information to the public in an understandable and usable form.

Clearly, nursing homes are an area of critical concern to many Medicare and Medicaid beneficiaries, their families and the public in general. There is no more important area where information is needed to help consumers make informed decisions and to provide the health care community with information on its performance. The information should also be helpful to a wide range of individuals and organizations, including nursing home administrators, physicians, ombudsmen and researchers. Among these audiences, we expect that the nursing home administrator and ombudsman will find the information most useful, primarily as a screening tool to evaluate a facility's strengths and weaknesses. We present this information in the hope that it will serve the public and nursing homes in their common interest of improving quality of care.

As with the 1987/1988 edition of Medicare/Medicaid Nursing Home Information, this publication provides extensive information on individual nursing homes. It also provides background materials on Federal and State enforcement programs. This year we are including information concerning State or Federal compliance actions taken against a facility as a result of either of its last two surveys. Each State has identified a specific organizational contact and phone number for handling public inquiries about any compliance actions. In addition, this year's report includes 2 years of survey results for each of the selected 32 performance indicators. It also contains a list of Federal requirements that each facility failed to meet during its latest survey that most directly affect resident care. This provides a more complete look at the nursing home's recent performance history.

Please keep in mind that the primary purpose of this report is to provide a solid basis for further inquiry. It is neither the final, definitive word on nursing home performance nor a comprehensive guide to the selection of a nursing home. When properly understood and used, this information can be quite valuable; it can also be misleading if interpreted incorrectly. To use the information properly, you should read the introductory material carefully, particularly the sections on uses and limitations and how to read the profiles. These sections will assist you in correctly interpreting and making the best use of the material.

Because we recognize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled "Further Considerations." This section is designed to help individuals ask questions and obtain additional information to assist them in making personal decisions about nursing homes.

We realize that the task of selecting the most appropriate nursing home for an individual's needs is not an easy one. You will find this information to be a valuable source document. We trust that with better information, you will make better decisions about health care issues.

Gail R. Wilensky

Gail R. Wilensky, Ph.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes the conditions observed in the nursing home at the time of its most recent survey. It includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and

- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and consumer ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers and/or their families might ask in the course of selecting a nursing home.

We expect that nursing homes individually and as an industry will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care rendered by a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

The information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

Finally, the information in this report does not reflect any changes in Federal requirements resulting from recent changes in the law. The new laws and regulations that would affect the content of this report will be effective on October 1, 1990.

DESCRIPTION OF SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) nursing homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. States also pay a share of the cost of surveying facilities that participate in the Medicaid program. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, varies in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the nursing home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home must submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or Agency on Aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State long-term care ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureau, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State/Federal Compliance Actions

A compliance action is any penalty imposed on a facility as a result of its inspection findings. These penalties could include a variety of actions under State licensure laws, such as the imposition of a fine, the revocation of a facility's license, or in the case of a penalty imposed on a facility as a result of a direct Federal survey, a ban on admissions. Given the possible number and types of actions (penalties) available to each State, it is impossible to describe here what specific actions may have been taken against a particular facility. Please see the following State specific information for further details regarding compliance actions available to individual States and how to contact the State survey agency for information about a compliance action in a particular facility. Refer to block 7 at the top of page 1 of each Nursing Home profile to determine if the facility was subject to a compliance action.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

246 N. High Street
Post Office Box 118
Columbus, Ohio 43266-0118

Telephone (614) 466-3543

RICHARD F. CELESTE
Governor

Overview of Ohio's Nursing Home Licensure Program

The Ohio Department of Health is responsible for the inspection of "homes" and the enforcement of licensure regulations for all nursing homes licensed in Ohio. (In addition, the Ohio Department of Health under contract with the Federal Government, surveys nursing homes that participate in the Medicare and Medicaid programs to ensure that these nursing homes are in compliance with federal regulations.)

The laws of the State of Ohio require that all "homes" providing nursing care to three or more individuals be licensed by the State Department of Health as a nursing home. After the home is licensed, it may also, participate in the Medicare/Medicaid reimbursement programs, or it may operate as a private pay facility. The purpose of the licensure program is to assure that quality health care services are available to all of Ohio's nursing home residents. This goal is achieved by the enforcement of standards for operation, through annual inspections to determine compliance.

Ohio's licensing program is administered by the State Health Department's Bureau of Medical Services, Division of Licensure and Certification, Quality Control Program, and consists of a licensure administrator, licensing specialist and investigator of unlicensed homes. The annual inspections are conducting by the Survey Operations Program of the Division of Licensing and Certification, which has teams of surveyors located in five district offices.

Overview of Enforcement Structure

The Ohio Department of Health is responsible for licensure and certification compliance action. Revocation of a nursing home's license is authorized by section 3721.03 of the Ohio Revised Code for violation of the statutes or rules establishing licensure standards. Section 3721.07 of the Revised Code contains similar provisions for denial of license applications. The Ohio Department of Health must provide an evidentiary hearing, under the state's administrative procedures act, before taking these license actions. Section 3721.08 of the Revised Code authorizes the Director of Health to file a complaint for an injunction against a nursing home that is operating without a license or that presents a real and present danger to the health or safety of any occupants of the home. Section 3721.99 of the Revised Code provides for fines with maximum amounts of one hundred and five hundred dollars for violating the licensing statutes.

In addition, state law contains provisions relating to enforcement of patients' rights (administrative fines and a private right of action) and sanctions for Medicaid fraud and abuse and for violation of other aspects of the Medicaid reimbursement system and the certificate of need statutes. Other state statutes establish criminal penalties for abuse or neglect of nursing home residents.

Resources Available to Consumers

The Ohio Department of Health

Full copies of the Licensure inspection reports are available for public inspection at the Ohio Department of Health and are also, required to be available for inspection at the facility. Medicare and Medicaid certification reports are on file at Social Security Offices and at the County Department of Human Services as well as the Ohio Department of Health, complaints concerning the operation of a licensed home as well as those that may operate without a required license may be made by telephone or by letter to the Central Office in Columbus. Most other matters also, should be directed to the Central Office unless it has to do with specific survey issues.

Main Address: Ohio Department of Health
Bureau of Medical Services
246 North High Street
Columbus, Ohio 43266-0588

Telephone: (614)466-2070 General
(614)644-8562 Office of Public Relations

District Offices: Northeast - Akron, Ohio
(216)379-1300

Northwest - Bowling Green, Ohio
(419)352-6591

Southeast - Logan, Ohio
(614)385-6851

Southwest - Dayton, Ohio
(513)449-6250

Central - Columbus, Ohio
(614)466-5357

The Ohio Department of Human Services

Responsible for the administration and for reimbursement under the Medicaid program, as well as compliance action relating to Medicaid reimbursement or provider agreement. In addition, Ohio Department of Human Services investigates complaints of discrimination against Medicaid beneficiaries seeking admission to Ohio nursing homes and investigates misuse of the Personal Needs Allowance received by residents who are Medicaid beneficiaries.

Main Address: Ohio Department of Human Services
Division of Long Term Care
30 East Broad Street
Columbus, Ohio 43266-0423

Telephone: Division Chief (614)466-9243

Policy Unit (614)466-9243

Bureau at Development
Disabled Services (614)466-5665

Bureau of Community Services
(614)466-6742

Bureau of Audits and Reimbursements
(614)466-8460

Bureau of Resident Services
(614)466-8618

The Ohio Department of Aging

Administers the Office of the State Long Term Care Facilities Ombudsman. This Office, through its twelve regional ombudsmen programs responds to complaints filed on behalf of the residents of nursing homes. The Office maintains a toll-free hotline for receipt of complaints. The goal of the Office is to resolve complaints through negotiation and mediation with nursing homes. Ohio Department of Aging also, is responsible for the investigation of violations of the Ohio Nursing Home Residents' Bill of Rights. Ohio Department of Aging maintains in investigative unit apart from the Ombudsman program that can bring formal charges against nursing homes that violate the rights of residents. These charges can lead to compliance orders and/or fines against a nursing home found to be in violation.

Main Address: Ohio Department of Aging
Long Term Care Facilities
Ombudsman
Ninth Floor
50 West Broad Street
Columbus, Ohio 43266-0501

Telephone:	(614)466-1220
TDD:	(614)466-6191
Toll Free:	(800)282-1206

The Board of Examiners of Nursing Home Administrators

Licenses Administrator of Long Term Care Facilities.

Address: Board of Examiners
Nursing Home Administrators
P O Box 118
131 North High Street
Columbus, Ohio 43266-0118

Telephone: (614)466-5114

The Ohio Attorney General

Responsible for the investigation of Medicaid fraud. In addition, this unit also, conducts investigations of resident neglect or abuse that can lead to the filing of criminal charges. The Attorney General's office maintains a toll-free number for the receipt of these complaints (1-800-64-ABUSE). Please see the attached information provided by the Attorney General.

The Division of Medicaid Fraud Control (DMFC) within the office of Attorney General Anthony J. Celebrezze, Jr., has two (2) important functions in relation to the enforcement efforts of the State of Ohio with respect to nursing homes. The first of these functions is that of investigating and prosecuting health care providers who defraud the Medicaid program. The second function is to conduct investigations and prosecutions arising from allegations of patient abuse and neglect in any of Ohio's care facilities. These functions are performed out of the offices of the DMFC, located at 65 S. Front St., Suite 406, Columbus, Ohio 43266.

In order to fulfill its responsibilities with respect to Medicaid fraud, the DMFC has employed eighteen (18) Special Agents and eight (8) attorneys. These persons are assigned to investigate and prosecute the various allegations of Medicaid fraud received by the Division from all over the State of Ohio. These investigations are conducted in conjunction with a Special Grand Jury impanelled by the Court of Common Pleas of Franklin County, Ohio. That grand jury has the authority to issue subpoenas requiring the attendance of witnesses and the production of documents relevant to Medicaid fraud investigations. Moreover, that grand jury has the power to issue indictments charging individuals or organizational entities with crimes against the Medicaid program. Indictments returned by the Special Grand Jury most frequently charge the crimes of Theft, Forgery and Medicaid Fraud.

With respect to investigations of patient abuse and neglect, the DMFC currently has a staff of six (6) Special Agents and two (2) attorneys. These persons are responsible for investigating and preparing for prosecution, when appropriate, all allegations of abuse and neglect of which the division becomes aware. This authority was recently conferred on the Office of the Attorney General through Revised Code Section 109.86. That code section was enacted as part of Amended H.B. 566, which became effective in Ohio on September 17, 1986. In addition to empowering the Attorney General's Office to investigate and prosecute instances of abuse and neglect, that bill also created four (4) new criminal offenses dealing with the abuse of patients or residents of Ohio's care facilities. These new offenses are found in Revised Code Section 2903.34. That code section proscribes the following offenses:

1. Gross Abuse - knowingly causing serious physical harm to a person by physical contact;
2. Abuse - knowingly causing physical harm or recklessly causing serious physical harm to a person by physical contact or by the inappropriate use of a physical or chemical restraint, medication or isolation;
3. Gross Neglect - knowingly failing to provide a person with any treatment, care, goods or service necessary to maintain the health or safety of a person when the failure results in physical harm or serious physical harm; and
4. Neglect - recklessly failing to provide a person with any treatment, care, goods or service necessary to maintain the health or safety of a person when the failure results in serious physical harm to the person.

Instances of abuse and neglect may be reported to the Office of the Attorney General through a toll-free hot-line operated on a twenty-four hour basis. The number for that hot-line is 1-800-64-ABUSE.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies include:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that the health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The regional AoA offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-2977

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
21st Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 33
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of the OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Regional Manager, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Regional Manager, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Regional Manager, OCR
DHHS Region III
3535 Market Street
P.O. Box 13716
Room 6300
Philadelphia, PA 19101
(215) 596-1262

Regional Manager, OCR
DHHS Region IV
101 Marietta Tower
Room 1502
Atlanta, GA 30323
(404) 331-2779

Regional Manager, OCR
DHHS Region V
16th Floor
105 West Adams Street
Chicago, IL 60603
(312) 886-2359

Regional Manager, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Regional Manager, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Regional Manager, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2024

Regional Manager, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Regional Manager, OCR
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 11
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of the HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
JFK Federal Building
Room 1211
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
26 Federal Plaza
Room 3821
New York, NY 10278
(212) 264-1121

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-6571

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
101 Marietta Tower, Suite 601
Atlanta, GA 30323
(404) 331-2361

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
15th Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-9805

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
1200 Main Tower Building
Room 2000
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 242
601 East 12th Street
Kansas City, MO 64106
(816) 426-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Federal Office Building, Room 1185
1961 Stout Street
Denver, CO 80294-3538
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
75 Hawthorne Street
San Francisco, CA 94105
(415) 744-3679

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2201 Sixth Avenue, Mail Stop RX 42
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State:

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina South Carolina and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VIII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected.
- Ask whether the facility has been surveyed since the survey described in the report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and how much choice residents have as to the time they get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Note how the rooms accommodate individual resident preferences.
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.
- Ask about how the resident or family is involved in care planning decisions.

Food

- Ask at what times meals are served and whether snacks are available. Ask if residents have flexibility about when meals are served and what is served? Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- o Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- o Ask if there is an activities coordinator and see if there is suitable space available for activities.
- o Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?
- o Ask about how individual activity preferences are encouraged and supported by the facility.

Glossary of Terms

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities, and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are "pressure sore" or "decubitus."

Catheter. See Urinary Catheter.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions. Another term for a bowel and bladder control problem is "incontinence."

Respiratory Care. A resident with trouble breathing may need assistance, which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Physical restraints are devices attached or adjacent to the body which restrict freedom of movement or normal access to one's body. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms. Use of drugs to control behavior is often called chemical restraints.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See Bed Sore.

Suctioning. A resident who is unable to cough up fluids or mucous in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving an individual from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
STATESBORO NURSING HOME

Street Address:		**City and State:**	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

The first 4 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self explanatory
Street Address:	Self explanatory
City and State:	Self explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF)—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF)—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities conduct rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private"; these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious - A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private.- A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other - A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary - A nursing home operated for profit.

Government - A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

Compliance Action: The information in this block indicates whether or not the nursing home has had any action taken against it by either the State or the federal government as a result of either of the last two inspections. If there is a "YES" in this block, refer to the State specific information in the front of this book for details on specific actions that can be taken against a nursing home and how to contact the State for further information about the nursing home in question. Please note that if a more recent inspection has been conducted, a compliance action may have been revoked subsequent to the publication of this report. Likewise, a more recent inspection might result in a compliance action which was taken after publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**		
	FACILITY		STATE	NATION
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	82.9	82.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing". Following is an explanation of information provided in the profile:

Column 1 - Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 - Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 - State, %: Indicates that, in the State where the nursing home is located, 82.9% of all residents in similar facilities require assistance in bathing.

Column 4 - Nation, %: Indicates that, for the nation as a whole, 82% of all residents in similar facilities require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	5	4.1	232	2.3

The "Selected Performance Indicators," section of the profile tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare and/or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements during its two most recent inspections by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Columns 1 and 2 - Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area. Column 1 shows information from the 87/88 survey cycle. N/A in column 1 means "not applicable" indicating the facility was not participating in the Medicare and/or Medicaid programs at the time of the 87/88 Medicare/Medicaid Nursing Home Information release. Column 2 shows information from the 88/89 survey cycle.

Column 3 - State, #: Indicates that there were 5 similar facilities in the State that did not perform satisfactorily in this area.

Column 4 - State, %: Indicates that the 5 facilities that did not perform satisfactorily represent 4.1% of the similar facilities in the State.

Column 5 - Nation, #: Indicates that there were 232 similar facilities in the nation that did not perform satisfactorily in this area.

Column 6 - Nation, %: Indicates that the 232 facilities that did not perform satisfactorily represent 2.3% of all similar facilities in the nation.

Note: The information in columns 3-6 applies only to the most recent set of surveys.

EXAMPLE

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

The final section of the profile, "Listing of Facility Deficiencies", lists each of the Federal requirements that the facility failed to meet during its recent survey and that most directly affect resident care. A full statement of each requirement is contained in the nursing home survey report form, a copy of which can be found at the end of this volume. To determine the nature of a deficiency, consult the survey report form and match the listed code number(s) with the number(s) located in the left-hand column of the form.

Alphabetical Index of Nursing Homes

Facility Name *Page*

ALLEN COUNTY HEALTHCARE CENTER 385
ALPHA HEALTH CARE CENTER 725
ALTERCARE OF HARTVILLE 157
ALTERCARE OF MASON 625
ALTERCARE OF MILLERSBURG 773
AMERICARE HOMESTEAD NSG & REHAB CTR 329
AMERICARE LANCASTER NSG REHAB CTR 333
AMERICARE-MARION NURSING AND REHAB CTR 577
ANCHOR LODGE NH 441
ARBORS AT HILLIARD,THE 173
ARBORS AT LONDON 433
ARBORS AT MARIETTA,THE 561
ARBORS AT MILFORD,THE 761
ARCADIA ACRES NURSING HOME 421
ARISTOCRAT-LAKEWOOD 309
ASHTABULA COUNTY NURSING HOME 281
ATWOOD MANOR NURSING HOME 5
AUTUMN AEGIS NURSING HOME 445
BARBARA PARKE CONVALESCENT CENTER 741
BELL NURSING HOME 273
BLOSSOM HILL NURSING HOME 205
BON ING CARE CENTER 1
BRETHRENS HOME 89
BRIAR HILL NURSING HOME 733
BROADFIELD MANOR NURSING CONV HME 505
BROADWAY NURSING HOME 25
BRYANT HEALTH CARE CENTER INC 217
BUTLER COUNTY CARE FACILITY 117
CASTLE VIEW NURSING HOME/SCENIC VIEW 777
CEDARS OF LEBANON 361
CENTER HAVEN NURSING HOME 121
CENTURY OAK CARE CENTER 729
CHENITA NURSING HOME 1 525
CHENITA NURSING HOME NUMBER TWO 521
CLERMONT NURSING AND CONV CTR 765
COLONIAL MANOR HEALTH CARE CENTER INC 461
COLUMBIA CARE CENTER 389
COMMUNITY NURSING CENTER 581
CON LEA NURSING HOME INC 29
CORINTHIAN 249
COUNTRY MANOR OF KENTON INC 253
CRESTMONT NURSING HOME NORTH 313
CRESTVIEW MANOR NURSING HOME #1 337
CRESTVIEW MANOR NURSING HOME #2 341
CRESTWOOD NURSING CENTER 177
CRITES NURSING HOME 345
EAST LAWN MANOR 585
EAST OHIO REGIONAL HOSP LTC UNIT 605
EDGEWATER QUALITY CARE NURSING CTR 297
EDGEWOOD MANOR OF GREENFIELD INC 81
EDGEWOOD MANOR OF LUCASVILLE II INC 497
EDGEWOOD MANOR OF LUCASVILLE INC 501

Alphabetical Index of Nursing Homes

Facility Name .... *Page*

EDISON HEALTH CARE CENTER........757
ELIZABETH SCOTT MEMORIAL CARE CENTER........661
ELMWOOD CENTERS........73
ERIE COUNTY CARE FACILITY........209
ESTHER MARIE NURSING CENTER........33
EVERGREEN CARE CENTER........689
FAIRVIEW CASTLE NURSING HOME........781
FOUNTAIN MANOR........169
FOUR WINDS NURSING FACILITY........225
FRIENDLY NURSING HOME........713
GADE NURSING HOME #1........93
GADE NURSING HOME II........97
GARDEN MANOR EXTENDED CARE CENTER........745
GENEVA HEALTH CARE CENTER........37
GENOA CARE CENTER........49
GEORGETOWN NURSING HOME........53
GERIATRIC CENTER OF MANSFIELD........529
GIBSONBURG HEALTH CARE CTR........65
GLENWARD HEALTH CARE CTR........125
GOLDEN YEARS NH........129
GOSPEL LIGHT NURSING HOME........277
GRAND MANNER INC........41
GREEN ACRES NURSING HOME........257
GREENLAWN NH........701
GREENWOOD MANOR........133
GRIFFETH NURSING HOME ONE........533
HANOVER HOUSE INC........629
HARDIN COUNTY HOME........261
HEARTLAND OF GREENVILLE........101
HEARTLAND OF HILLSBORO........181
HEARTLAND OF INDIAN LAKE NURSING CTR........301
HEARTLAND OF INDIAN LAKE REHAB CTR........305
HEARTLAND OF JACKSON........229
HEARTLAND OF KETTERING........265
HEARTLAND OF MARIETTA........565
HEARTLAND OF MARYSVILLE........613
HEARTLAND OF MENTOR........705
HEARTLAND OF OAK RIDGE........717
HEATH NURSING CONVALESCENT CTR........165
HEATHERGREENE II INC........233
HELTONS NURSING HOME........137
HILLSIDE NURSING HOME........589
HOCKING VALLEY COMMUNITY HOSP-SNF........425
HOLGATE QUALITY CARE........189
HOSPITALITY HOUSE........633
HUDSON ELMS........201
HURON HEALTH CARE CENTER........213
HUSTON NURSING HOME........113
INN MADISON HEALTH CENTER........509
JEFFERSON GERIATRIC CENTER........237
JENNINGS HALL........21
JO-LIN HEALTH CTR........221

Alphabetical Index of Nursing Homes

Facility Name ... *Page*

JOHNSTON NURSING HOME ... 349
JOSPEH T NIST GERIATRIC NURSING HOME ... 469
KENT QUALITY CARE NURSING CTR ... 245
KETTERING CONVALESCENT CENTER ... 269
LAKEWOOD HOSPITAL SKILLED NURSING FAC ... 317
LAKEWOOD HOSPITAL SNU ... 321
LEBANON COUNTRY MANOR ... 365
LEBANON HEALTH CARE CENTER ... 369
LEBANON NURSING HOME ... 373
LEIGH LANE CARE CENTER INC ... 85
LEXINGTON COURT ... 381
LIMA MANOR ... 393
LOGAN HEALTH CARE CENTER ... 429
LORAIN MANOR NURSING HOME ... 449
LOST CREEK CARE CENTER ... 397
LOUDONVILLE NURSING HOME ... 465
LOVELAND HEALTH CARE CTR ... 493
MADISON COUNTY HOSPITAL INC ... 437
MADISON HEALTH CARE INC ... 513
MANOR CARE CENTER ... 665
MAPLE CARE CENTER ... 553
MAPLEVIEW CARE CENTER ... 473
MAPLEWOOD NURSING CENTER INC ... 593
MARCELLE NURSING HOME ... 477
MARIE ANTOINETTE PAVILLION,THE ... 569
MARIETTA CONV CTR ... 573
MARION MANOR NURSING HOME INC ... 597
MARK REST CENTER ... 681
MARY BLACK SCHRODER MANOR ... 141
MCCAULLEY CARE CENTER ... 537
MEADOW WIND HEALTH CARE CENTER ... 637
MEADOWWOOD NURSING HOME ... 57
MENTOR WAY VILLA NH ... 709
MIAMI CHRISTEL MANOR ... 721
MIDDLETOWN QUALITY CARE CTR ... 749
MIFFLIN CARE CENTER ... 541
MILCREST NURSING CENTER ... 617
MILLER CARE CENTER ... 481
MOLLY STARK HOSPITAL ... 485
MONTEREY NURSING INN ... 109
MORGAN COUNTY CARE CENTER ... 685
MORNINGVIEW CARE CENTER OF MARION ... 601
NORTHVIEW NURSING HOME ... 241
O'BRIEN MEMORIAL NURSING HOME ... 653
OAK HILLS NURSING CENTER ... 453
OAKLAND NURSING CENTER ... 185
OAKS CARE CENTER ... 401
OHIO EXTENDED CARE CENTER ... 457
OHIO PYTHIAN SISTERS HOME OF MEDINA ... 693
ORANGE VILLAGE CARE CENTER ... 657
OTTERBEIN HOME ... 377
OVERBROOK CENTER ... 737

Alphabetical Index of Nursing Homes

Facility Name	*Page*
OVERLOOK CASTLE NURSING HOME	785
PARKWAY NURSING HOME INC	145
PARMITER NURSING HOME	517
PEDONE NURSING CENTER	557
PINE KIRK NURSING HOME	285
PINECREST CARE CENTER	17
PLEASANT VIEW NURSING HOME	413
POWELLS CONVALESCENT HOME	149
RAE ANN GENEVA	45
RAPIDS NURSING HOME	69
RENDEZVOUS MEDI-HOME	669
REST HAVEN NURSING HOME	105
REST HAVEN NURSING HOME	673
ROSE LANE HEALTH CENTER	641
ROSEMONT NURSING HOME	545
ROSEWOOD MANOR	9
SEM HAVEN HEALTH CARE CENTER	769
SHALEM REST HOME	645
SHANGRI LA HEALTH CARE CENTER	697
SHAWNEE MANOR	405
SPRING CREEK NURSING CENTER	197
SPRING MEADOWS EXTENDED CARE FACILITY	193
SPRINGVIEW MANOR NURSING HOME	409
ST FRANCIS REHAB HOSP NRSG HOME	77
ST JOSEPH HOSPICE	489
SUNSET VIEW CASTLE NURSING HOME	789
TERRACE VIEW CASTLE NURSING HOMES	793
TWIN MAPLES NURSING HOME INC	677
UNION MANOR	621
VALLEY VIEW CASTLE NURSING HOME	797
VALLEY VIEW NURSING HOME	353
VALLEY VIEW NURSING HOME	609
VILLA GEORGETOWN	61
VILLAGE CARE CENTER	13
WALNUT HILLS CARE CENTER INC	649
WESTERN RESERVE CONVL HOME	289
WESTERN RESERVE EXTENDED CARE	293
WESTHAVEN NURSING HOME	153
WILLOW KNOLL NURSING CENTER	753
WINDSOR MANOR	417
WINTERSONG VILLAGE OF HAYESVILLE	161
WINTERSONG VILLAGE OF LAURELVILLE	357
WOODLAWN NURSING HOME	549
WRIGHT NURSING CENTER	325

NURSING HOME PROFILE
BON ING CARE CENTER

Street Address: 121 JAMES RD		**City and State:** GAHANNA, OH 43230	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	76.0	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	82	85.4	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	60	62.5	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	78.1	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	66.7	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	17	17.7	33.4	30.4
Completely bedfast residents.	3	3.1	1.7	2.8
Residents confined to chairs.	22	22.9	40.0	40.9
Residents requiring restraints.	42	43.8	36.2	30.9
Confused or disoriented residents.	38	39.6	60.6	55.4
Residents with bed sores.	8	8.3	4.9	4.8
Residents receiving special skin care.	6	6.3	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F099 F100 F101 F118 F125* F126 F127* F129*
F134 F169 F199 F224 F260 F293*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ATWOOD MANOR NURSING HOME

Street Address: 347 W ATWOOD ST		**City and State:** GALION, OH 44833	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	59.0	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	27	69.2	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	25	64.1	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	64.1	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	56.4	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	11	28.2	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	10	25.6	40.0	40.9
Residents requiring restraints.	19	48.7	36.2	30.9
Confused or disoriented residents.	14	35.9	60.6	55.4
Residents with bed sores.	9	23.1	4.9	4.8
Residents receiving special skin care.	11	28.2	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	NOT MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F064 F084 F104 F105 F115 F134 F139
F283 F294 F313* F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROSEWOOD MANOR

Street Address: 935 ROSEWOOD DR		**City and State:** GALION, OH 44883	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
88	7	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	84.1	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	69	78.4	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	61	69.3	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	71.6	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	67.0	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	30	34.1	40.5	39.1
Completely bedfast residents.	2	2.3	3.1	3.2
Residents confined to chairs.	54	61.4	52.8	52.3
Residents requiring restraints.	30	34.1	42.2	40.4
Confused or disoriented residents.	63	71.6	60.2	58.6
Residents with bed sores.	2	2.3	7.4	7.6
Residents receiving special skin care.	22	25.0	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117 F126 F131* F134 F176 F182 F240 F241
F242* F244 F256 F260 F263 F289 F294 F313*
F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VILLAGE CARE CENTER

Street Address: 925 WAGNER AVE		**City and State:** GALION, OH 44833	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
4	4	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	100	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	4	100	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	4	100	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	100	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	100	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	2	50.0	40.5	39.1
Completely bedfast residents.	1	25.0	3.1	3.2
Residents confined to chairs.	3	75.0	52.8	52.3
Residents requiring restraints.	2	50.0	42.2	40.4
Confused or disoriented residents.	3	75.0	60.2	58.6
Residents with bed sores.	0	0.0	7.4	7.6
Residents receiving special skin care.	2	50.0	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F099 F101 F102 F117 F119 F130
F131* F134 F135 F170 F174 F175 F216 F217
F218* F220 F224 F260 F262 F332* F346 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PINECREST CARE CENTER

Street Address: 555 JACKSON PK		**City and State:** GALLIPOLIS, OH 45631	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
106	12	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	96.2	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	102	96.2	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	89	84.0	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	83.0	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	50.9	68.6	69.4
Residents on individually written bowel and bladder retraining program.	7	6.6	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	35	33.0	40.5	39.1
Completely bedfast residents.	9	8.5	3.1	3.2
Residents confined to chairs.	66	62.3	52.8	52.3
Residents requiring restraints.	39	36.8	42.2	40.4
Confused or disoriented residents.	61	57.5	60.2	58.6
Residents with bed sores.	7	6.6	7.4	7.6
Residents receiving special skin care.	25	23.6	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F096 F114 F116 F126 F131* F134 F142 F167*
F168* F169 F170 F176 F197 F198 F199 F204
F205 F206 F215 F216 F218* F219 F220 F231
F294 F297 F327 F328 F332* F340* F342 F353
F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
JENNINGS HALL

Street Address: 10204 GRANGER RD		**City and State:** GARFIELD HEIGHTS, OH 44125	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
85	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	69.4	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	71	83.5	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	58	68.2	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	57.6	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	70.6	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	5	5.9	33.4	30.4
Completely bedfast residents.	1	1.2	1.7	2.8
Residents confined to chairs.	43	50.6	40.0	40.9
Residents requiring restraints.	22	25.9	36.2	30.9
Confused or disoriented residents.	27	31.8	60.6	55.4
Residents with bed sores.	1	1.2	4.9	4.8
Residents receiving special skin care.	29	34.1	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F101 F134 F135 F168* F169 F170 F199
F250 F257 F260 F261 F264 F288 F293* F298
F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BROADWAY NURSING HOME

Street Address: 162 S BROADWAY		**City and State:** GENEVA, OH 44041	
Participation: MEDICAID ICF	**# of Beds:** 85	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 0	**Medicaid Residents:** 77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	92.6	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	57	70.4	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	20	24.7	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	40.7	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	24.7	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	3	3.7	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	0	0.0	40.0	40.9
Residents requiring restraints.	0	0.0	36.2	30.9
Confused or disoriented residents.	81	100	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	1	1.2	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

GENEVA, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F099 F100 F101 F102 F125* F126
F127* F134 F139 F168* F169 F170 F174 F176
F260 F263 F264 F276 F277 F281 F282 F283
F287 F289 F292 F293* F294 F295 F297 F313*
F328 F332* F345* F346 F348 F349 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CON LEA NURSING HOME INC

Street Address: 388 S BROADWAY ST	**City and State:** GENEVA, OH 44041

Participation: MEDICAID ICF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	87.5	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	35	87.5	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	30	75.0	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	92.5	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	70.0	63.9	59.1
Residents on individually written bowel and bladder retraining program.	21	52.5	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	12	30.0	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	20	50.0	40.0	40.9
Residents requiring restraints.	10	25.0	36.2	30.9
Confused or disoriented residents.	24	60.0	60.6	55.4
Residents with bed sores.	3	7.5	4.9	4.8
Residents receiving special skin care.	9	22.5	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F174 F176 F244 F261 F263 F281 F282
F283 F287 F288 F296 F297 F328 F330 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ESTHER MARIE NURSING CENTER

Street Address: 60 WEST ST	**City and State:** GENEVA, OH 44041

Participation: MEDICAID ICF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/14/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	97.9	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	33	68.8	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	38	79.2	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	95.8	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	91.7	63.9	59.1
Residents on individually written bowel and bladder retraining program.	11	22.9	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	21	43.8	33.4	30.4
Completely bedfast residents.	1	2.1	1.7	2.8
Residents confined to chairs.	31	64.6	40.0	40.9
Residents requiring restraints.	22	45.8	36.2	30.9
Confused or disoriented residents.	31	64.6	60.6	55.4
Residents with bed sores.	7	14.6	4.9	4.8
Residents receiving special skin care.	3	6.3	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F101 F126 F127* F133* F134 F136 F170
F174 F175 F260 F263 F288 F297 F332* F354

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GENEVA HEALTH CARE CENTER

Street Address: 840 SHERMAN ST	**City and State:** GENEVA, OH 44041

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	100	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	94	100	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	64	68.1	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	58.5	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	53.2	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	36	38.3	40.5	39.1
Completely bedfast residents.	1	1.1	3.1	3.2
Residents confined to chairs.	54	57.4	52.8	52.3
Residents requiring restraints.	48	51.1	42.2	40.4
Confused or disoriented residents.	65	69.1	60.2	58.6
Residents with bed sores.	6	6.4	7.4	7.6
Residents receiving special skin care.	18	19.1	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F102 F126 F127* F134 F135 F167* F168*
F170 F174 F176 F199 F253 F257 F261 F263
F274 F287 F288 F293* F294 F321 F332* F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GRAND MANNER INC

Street Address: 750 EASTLAWN ST		**City and State:** GENEVA, OH 44041	
Participation: MEDICAID ICF	**# of Beds:** 16	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
13	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	92.3	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	11	84.6	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	11	84.6	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	76.9	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	84.6	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	38.5	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	4	30.8	40.0	40.9
Residents requiring restraints.	4	30.8	36.2	30.9
Confused or disoriented residents.	13	100	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	9	69.2	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F099 F101 F102 F126 F127* F134 F170
F172 F174 F175 F176 F261 F263 F282 F283
F286 F287 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RAE ANN GENEVA

Street Address: 839 W MAIN ST		**City and State:** GENEVA, OH 44041	
Participation: MEDICAID ICF	**# of Beds:** 84	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
73	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	89.0	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	65	89.0	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	33	45.2	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	47.9	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	45.2	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	14	19.2	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	35	47.9	40.0	40.9
Residents requiring restraints.	31	42.5	36.2	30.9
Confused or disoriented residents.	44	60.3	60.6	55.4
Residents with bed sores.	9	12.3	4.9	4.8
Residents receiving special skin care.	14	19.2	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F126 F130 F134 F170 F173* F257 F263
F283 F287 F289 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GENOA CARE CENTER

Street Address: 300 CHERRY ST		**City and State:** GENOA, OH 43430	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	5	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	82.5	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	88	90.7	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	74	76.3	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	79.4	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	78.4	68.6	69.4
Residents on individually written bowel and bladder retraining program.	8	8.2	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	32	33.0	40.5	39.1
Completely bedfast residents.	1	1.0	3.1	3.2
Residents confined to chairs.	69	71.1	52.8	52.3
Residents requiring restraints.	49	50.5	42.2	40.4
Confused or disoriented residents.	78	80.4	60.2	58.6
Residents with bed sores.	4	4.1	7.4	7.6
Residents receiving special skin care.	31	32.0	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F096 F170 F199 F236 F242* F260 F261 F263
F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GEORGETOWN NURSING HOME

Street Address: 312 W STATE ST		**City and State:** GEORGETOWN, OH 45121	
Participation: MEDICAID ICF	**# of Beds:** 33	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	86.7	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	26	86.7	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	23	76.7	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	73.3	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	60.0	63.9	59.1
Residents on individually written bowel and bladder retraining program.	6	20.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	33.3	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	15	50.0	40.0	40.9
Residents requiring restraints.	7	23.3	36.2	30.9
Confused or disoriented residents.	23	76.7	60.6	53.4
Residents with bed sores.	3	10.0	4.9	4.8
Residents receiving special skin care.	3	10.0	22.9	23.5

GEORGETOWN, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F261 F286 F288 F295 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEADOWWOOD NURSING HOME

Street Address: 61 STEPHANS AVE		**City and State:** GEORGETOWN, OH 45121	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	89.8	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	44	89.8	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	41	83.7	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	85.7	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	83.7	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	15	30.6	40.5	39.1
Completely bedfast residents.	3	6.1	3.1	3.2
Residents confined to chairs.	28	57.1	52.8	52.3
Residents requiring restraints.	10	20.4	42.2	40.4
Confused or disoriented residents.	19	38.8	60.2	58.6
Residents with bed sores.	0	0.0	7.4	7.6
Residents receiving special skin care.	0	0.0	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050 F051* F052* F060 F061 F064 F073* F076
F077 F080* F096 F105 F116 F118 F126 F131*
F133* F134 F140 F167* F168* F169 F170 F176
F197 F199 F204 F205 F206 F219 F222 F223
F224 F236 F252 F261 F274 F285 F287 F288
F289 F295 F297 F298 F307 F308 F309 F310
F313* F319 F321 F324* F328 F331 F332* F333
F340* F342 F346* F349 F353 F356 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VILLA GEORGETOWN

Street Address: 8065 DR FAUL RD		**City and State:** GEORGETOWN, OH 45121	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	98.9	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	81	87.1	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	83	89.2	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	87.1	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	89.2	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	25.8	33.4	30.4
Completely bedfast residents.	1	1.1	1.7	2.8
Residents confined to chairs.	46	49.5	40.0	40.9
Residents requiring restraints.	28	30.1	36.2	30.9
Confused or disoriented residents.	81	87.1	60.6	55.4
Residents with bed sores.	1	1.1	4.9	4.8
Residents receiving special skin care.	21	22.6	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 STATE #	STATE %	NATION #	NATION %
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST FRANCIS REHAB HOSP NRSG HOME

Street Address:	City and State:
401 N BROADWAY ST	GREEN SPRINGS, OH 44836

Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	150	NON-PROFIT RELIGIOUS	04/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
29	12	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	89.7	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	29	100	88.4	84.0
Toileting Residents requiring some or total assistance in toileting.	29	100	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	100	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	58.6	68.6	69.4
Residents on individually written bowel and bladder retraining program.	11	37.9	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	26	89.7	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	20	69.0	52.8	52.3
Residents requiring restraints.	29	100	42.2	40.4
Confused or disoriented residents.	9	31.0	60.2	58.6
Residents with bed sores.	1	3.4	7.4	7.6
Residents receiving special skin care.	18	62.1	28.3	31.4

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F064 F097 F131* F132* F134 F176 F236
F260 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Remember: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	175	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	710	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	56	11.6	820	15.5

NURSING HOME PROFILE
ELMWOOD CENTERS

Street Address: 430 N BROADWAY ST	**City and State:** GREEN SPRINGS, OH 44836

Participation: MEDICAID ICF	**# of Beds:** 31	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 15	**Medicare Residents:** 0	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	86.7	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	12	80.0	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	11	73.3	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	73.3	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	86.7	63.9	59.1
Residents on individually written bowel and bladder retraining program.	3	20.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	6	40.0	33.4	30.4
Completely bedfast residents.	1	6.7	1.7	2.8
Residents confined to chairs.	5	33.3	40.0	40.9
Residents requiring restraints.	8	53.3	36.2	30.9
Confused or disoriented residents.	12	80.0	60.6	55.4
Residents with bed sores.	2	13.3	4.9	4.8
Residents receiving special skin care.	2	13.3	22.9	23.5

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F282 F283 F284

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88-89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.9	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

NURSING HOME PROFILE
RAPIDS NURSING HOME

Street Address: 24305 3RD ST		**City and State:** GRAND RAPIDS, OH 43522	
Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
20	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	95.0	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	19	95.0	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	16	80.0	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	80.0	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	85.0	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	5	25.0	33.4	30.4
Completely bedfast residents.	1	5.0	1.7	2.8
Residents confined to chairs.	14	70.0	40.0	40.9
Residents requiring restraints	7	35.0	36.2	30.9
Confused or disoriented residents.	20	100	80.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	4	20.0	22.9	23.5

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directy affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F105 F126 F131* F132* F167* F168* F169
F170 F206 F207 F260 F261 F263 F264 F328
F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET [illegible]	FACILITY MET/ NOT MET [illegible]	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS [illegible]			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GIBSONBURG HEALTH CARE CTR

Street Address: 355 WINDSOR LN		**City and State:** GIBSONBURG, OH 43431	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	4	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	98.8	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	71	84.5	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	58	69.0	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	83.3	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	69.0	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	44.0	40.5	39.1
Completely bedfast residents.	29	34.5	3.1	3.2
Residents confined to chairs.	36	42.9	52.8	52.3
Residents requiring restraints.	33	39.3	42.2	40.4
Confused or disoriented residents.	49	58.3	60.2	58.6
Residents with bed sores.	15	17.9	7.4	7.6
Residents receiving special skin care.	26	31.0	28.3	31.4

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheostomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	79	15.9	2482	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1358	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRETHRENS HOME

Street Address: 750 CHESTNUT ST	**City and State:** GREENVILLE, OH 45331

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 438	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
274	5	102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	180	65.7	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	186	67.9	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	157	57.3	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	158	57.7	78.8	78.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	157	57.3	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	65	23.7	40.5	39.1
Completely bedfast residents.	2	0.7	3.1	3.2
Residents confined to chairs.	78	28.5	52.8	52.3
Residents requiring restraints.	69	25.2	42.2	40.4
Confused or disoriented residents.	180	65.7	60.2	58.6
Residents with bed sores.	13	4.7	7.4	7.8
Residents receiving special skin care.	25	9.1	28.3	31.4

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F069 F084 F099 F100 F101 F102 F105 F126
F131* F134 F136 F139 F191* F196* F199 F242*
F287 F293* F294 F308 F309 F313* F319 F328
F330 F332* F346 F349 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	84	17.4	956	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

NURSING HOME PROFILE
LEIGH LANE CARE CENTER INC

Street Address: 238 S WASHINGTON ST		**City and State:** GREENFIELD, OH 45123	
Participation: MEDICAID ICF	**# of Beds:** 22	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
22	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	86.4	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	15	68.2	82.8	78.5
Toileting				
Residents requiring some or total assistance in toileting.	10	45.5	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	40.9	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	36.4	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	9.1	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	5	22.7	40.0	40.9
Residents requiring restraints.	1	4.5	36.2	30.9
Confused or disoriented residents.	8	36.4	60.6	55.4
Residents with bed sores.	1	4.5	4.9	4.8
Residents receiving special skin care.	3	13.6	22.9	23.5

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F134 F174 F175 F242* F287 F303
F304 F305 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding	NOT MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 07/89	FACILITY MET/ NOT MET 06/90	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

NURSING HOME PROFILE
EDGEWOOD MANOR OF GREENFIELD INC

Street Address: 850 NELLIE ST	**City and State:** GREENFIELD, OH 45123

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 63	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 2	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	89.5	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	52	91.2	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	41	71.9	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	71.9	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	71.9	68.6	69.4
Residents on individually written bowel and bladder retraining program.	1	1.8	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	31.6	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	21	36.8	52.8	52.3
Residents requiring restraints.	23	40.4	42.2	40.4
Confused or disoriented residents.	30	52.6	60.2	58.6
Residents with bed sores.	3	5.3	7.4	7.6
Residents receiving special skin care.	10	17.5	26.3	31.4

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECEN SURVEY:

F126 F127* F134 F175 F180 F196* F206 F260
F261 F263 F264 F294 F324* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 07/88	FACILITY MET/ NOT MET 08/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who needs emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

NURSING HOME PROFILE
REST HAVEN NURSING HOME

Street Address:		**City and State:**	
1096 N OHIO ST		GREENVILLE, OH 45331	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	68	PROPRIETARY	12/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
67	2	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	64.2	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	56	83.6	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	54	80.6	75.6	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	80.6	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	55.2	68.5	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	19	28.4	40.5	39.1
Completely bedfast residents.	4	6.0	3.1	3.2
Residents confined to chairs.	30	44.8	52.8	52.3
Residents requiring restraints.	23	34.3	42.2	40.4
Confused or disoriented residents.	40	59.7	60.2	58.6
Residents with bed sores.	2	3.0	7.4	7.8
Residents receiving special skin care.	3	4.5	28.3	31.4

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050 F085* F098 F099 F100 F101 F102 F123*
F124 F125* F126 F128* F132* F133* F134 F139
F141 F142 F143 F167* F168* F169 F170 F171
F172 F173* F174 F175 F176 F178 F206 F236
F242* F260 F261 F310 F319 F328 F330 F332*
F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2482	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	80	16.1	2620	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	89	17.9	2034	19.8

NURSING HOME PROFILE
HEARTLAND OF GREENVILLE

Street Address: 130 MARION DR	**City and State:** GREENVILLE, OH 45331

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
66	1	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	69.7	82.4	62.0
Dressing Residents requiring some or total assistance in dressing.	54	81.8	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	45	68.2	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	62.1	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	68.2	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	22	33.3	40.5	39.1
Completely bedfast residents.	2	3.0	3.1	3.2
Residents confined to chairs.	22	33.3	52.8	52.3
Residents requiring restraints.	20	30.3	42.2	40.4
Confused or disoriented residents.	32	48.5	60.2	58.6
Residents with bed sores.	2	3.0	7.4	7.6
Residents receiving special skin care.	6	9.1	28.3	31.4

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F132* F181* F236 F242*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 07/88	FACILITY MET/ NOT MET 06/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 06/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	38	7.6	1396	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately, or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET [illegible]	FACILITY MET/ NOT MET [illegible]	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS [illegible]			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	89	17.9	2034	19.8

NURSING HOME PROFILE
GADE NURSING HOME II

Street Address: 405 CHESTNUT ST	**City and State:** GREENVILLE, OH 45331

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/28/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 1	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	93.6	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	45	95.7	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	36	76.6	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	87.2	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	61.7	68.6	69.4
Residents on individually written bowel and bladder retraining program.	6	12.8	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	51.1	40.5	39.1
Completely bedfast residents.	1	2.1	3.1	3.2
Residents confined to chairs.	28	59.6	52.8	52.3
Residents requiring restraints.	13	27.7	42.2	40.4
Confused or disoriented residents.	23	48.9	60.2	58.6
Residents with bed sores.	0	0.0	7.4	7.8
Residents receiving special skin care.	0	0.0	28.3	31.4

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F100	F101	F127*	F130	F131*	F139	F169
F170	F173*	F174	F175	F176	F196*	F199	F242*
F244	F260	F278	F287	F288	F289	F314	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	588	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

NURSING HOME PROFILE
GADE NURSING HOME #1

Street Address: 208 SWEITZER ST	**City and State:** GREENVILLE, OH 45331

Participation: MEDICAID ICF	**# of Beds:** 19	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/05/89

Compliance Action:

If there has been any Federal\State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	66.7	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	13	72.2	82.8	78.5
Toileting				
Residents requiring some or total assistance in toileting.	9	50.0	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	100	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	44.4	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	33.3	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	8	44.4	40.0	40.9
Residents requiring restraints.	3	16.7	36.2	30.9
Confused or disoriented residents.	7	38.9	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	0	0.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 07/89	FACILITY MET/ NOT MET 08/90	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 89/90 STATE #	STATE %	NATION #	NATION %
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

NURSING HOME PROFILE
BUTLER COUNTY CARE FACILITY

Street Address: 1800 PRINCETON RD		**City and State:** HAMILTON, OH 45011	
Participation: MEDICAID ICF	**# of Beds:** 121	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of either of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	0	109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	113	97.4	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	108	93.1	82.8	78.5
Toileting Residents requiring some or total assistance in toileting.	48	41.4	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	35.3	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	58.6	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	22	19.0	33.4	30.4
Completely bedfast residents.	1	0.9	1.7	2.8
Residents confined to chairs.	25	21.6	40.0	40.9
Residents requiring restraints.	38	32.8	36.2	30.9
Confused or disoriented residents.	52	44.8	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	2	1.7	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows the section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 07/90	FACILITY MET/ NOT MET 08/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 89/90			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

NURSING HOME PROFILE
HUSTON NURSING HOME

Street Address: RT 1	**City and State:** HAMDEN, OH 45634

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 1	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	93.8	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	79	98.7	88.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	60	75.0	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	85.0	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	80.0	68.8	68.4
Residents on individually written bowel and bladder retraining program.	3	3.7	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	52.5	40.5	39.1
Completely bedfast residents.	6	7.5	3.1	3.2
Residents confined to chairs.	25	31.3	52.8	52.3
Residents requiring restraints.	18	22.5	42.2	40.4
Confused or disoriented residents.	71	88.7	60.2	58.6
Residents with bed sores.	3	3.7	7.4	7.6
Residents receiving special skin care.	7	8.7	28.3	31.4

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F199 F206 F260 F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	881	8.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

NURSING HOME PROFILE
MONTEREY NURSING INN

Street Address: 3929 HOOVER RD		**City and State:** GROVE CITY, OH 43123	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 200	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/27/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
191	36	124

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	148	77.5	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	171	89.5	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	146	76.4	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	78.0	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	134	70.2	68.6	69.4
Residents on individually written bowel and bladder retraining program.	25	13.1	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	83	43.5	40.5	36.1
Completely bedfast residents.	1	0.5	3.1	3.2
Residents confined to chairs.	121	63.4	52.8	52.3
Residents requiring restraints.	45	23.6	42.2	40.4
Confused or disoriented residents.	93	48.7	60.2	58.6
Residents with bed sores.	15	7.9	7.4	7.6
Residents receiving special skin care.	44	23.0	28.3	31.4

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F118 F119 F120 F131* F136 F170 F206
F230 F260 F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available upon necessary	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2482	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	517	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	76	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Remember: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

NURSING HOME PROFILE
GREENWOOD MANOR

Street Address: 925 GREENWOOD AVE	**City and State:** HAMILTON, OH 45011

Participation: MEDICAID ICF	**# of Beds:** 27	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/19/89

Compliance Action:
If there has been any Federal\State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	75.0	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	18	75.0	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	18	75.0	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	91.7	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	75.0	63.9	58.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	37.5	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	24	100	40.0	40.9
Residents requiring restraints.	7	29.2	36.2	30.9
Confused or disoriented residents.	1	4.2	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	1	4.2	22.9	23.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 07/90	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

NURSING HOME PROFILE
GOLDEN YEARS NH

Street Address: 2436 OLD OXFORD RD	**City and State:** HAMILTON, OH 45013

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	88.0	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	39	78.0	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	30	60.0	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	64.0	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	38.0	63.9	59.1
Residents on individually written bowel and bladder retraining program.	1	2.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	13	26.0	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	25	50.0	40.0	40.9
Residents requiring restraints.	15	30.0	36.2	30.9
Confused or disoriented residents.	33	66.0	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	10	20.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2482	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 07/88	FACILITY MET/ NOT MET 08/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

NURSING HOME PROFILE
GLENWARD HEALTH CARE CTR

Street Address: 3472 HAMILTON MASON RD	**City and State:** HAMILTON, OH 45011

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 117	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 14	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	88.3	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	81	78.6	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	80	77.7	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	77.7	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	68.9	68.6	69.4
Residents on individually written bowel and bladder retraining program.	7	6.8	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	36	35.0	40.5	39.1
Completely bedfast residents.	3	2.9	3.1	3.2
Residents confined to chairs.	50	48.5	52.8	52.3
Residents requiring restraints.	60	58.3	42.2	40.4
Confused or disoriented residents.	81	78.6	60.2	58.6
Residents with bed sores.	1	1.0	7.4	7.6
Residents receiving special skin care.	30	29.1	28.3	31.4

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F242*   F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTER HAVEN NURSING HOME

Street Address: 422 N 2ND ST	**City and State:** HAMILTON, OH 45011

Participation: MEDICAID ICF	**# of Beds:** 29	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/29/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
23	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	65.2	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	13	56.5	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	17	73.9	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	65.2	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	69.6	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	10	43.5	33.4	30.4
Completely bedfast residents.	1	4.3	1.7	2.8
Residents confined to chairs.	11	47.8	40.0	40.9
Residents requiring restraints.	0	0.0	36.2	30.9
Confused or disoriented residents.	10	43.5	60.6	55.4
Residents with bed sores.	1	4.3	4.9	4.8
Residents receiving special skin care.	2	8.7	22.9	23.5

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F084 F168* F169 F170 F174 F199 F224
F242* F261 F263 F264 F282 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment, and care of personal needs.	NOT MET	NOT MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN IT'S MOST RECENT SURVEY:

F084	F123*	F124	F140	F170	F180	F260	F261
F263	F294	F310	F324*				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Remember: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

NURSING HOME PROFILE
MARY BLACK SCHROEDER MANOR

Street Address: 1302 MILLVILLE AVE	**City and State:** HAMILTON, OH 45013

Participation: MEDICARE SNF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20	**Medicare Residents:** 20	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	100	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	20	100	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	17	85.0	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	100	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	90.0	68.6	63.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	40.0	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	20	100	52.8	52.3
Residents requiring restraints.	7	35.0	42.2	40.4
Confused or disoriented residents.	11	55.0	60.2	58.8
Residents with bed sores.	2	10.0	7.4	7.8
Residents receiving special skin care.	3	15.0	28.3	31.4

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Remember: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	NOT MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

NURSING HOME PROFILE
HELTONS NURSING HOME

Street Address: 819 BUCKEYE ST		**City and State:** HAMILTON, OH 45011	
Participation: MEDICAID ICF	**# of Beds:** 24	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/28/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
14	0	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACULTY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	71.4	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	13	92.9	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	11	78.6	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	78.6	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	78.6	63.9	58.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	6	42.9	33.4	30.4
Completely bedfast residents.	2	14.3	1.7	2.8
Residents confined to chairs.	9	64.3	40.0	40.9
Residents requiring restraints.	0	0.0	36.2	30.9
Confused or disoriented residents.	12	85.7	60.6	55.4
Residents with bed sores.	1	7.1	4.9	4.8
Residents receiving special skin care.	1	7.1	22.9	23.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

NURSING HOME PROFILE
ALTERCARE OF HARTVILLE

Street Address: 1420 SMITH KRAMER RD		**City and State:** HARTVILLE, OH 44632	
Participation: MEDICAID ICF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
64	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing	64	100	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing	58	90.6	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting	57	89.1	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	100	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	87.5	63.9	58.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	23.4	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	50	78.1	40.0	40.9
Residents requiring restraints.	35	54.7	38.2	30.9
Confused or disoriented residents.	59	92.2	60.6	55.4
Residents with bed sores.	5	7.8	4.9	4.8
Residents receiving special skin care.	5	7.8	22.9	23.5

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F175 F261 F282 F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105	F119	F124	F125*	F126	F130	F134	F167*
F168*	F169	F170	F173*	F199	F206	F260	F263
F277	F280	F281	F283	F289	F297	F313*	F321
F322*	F342						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WINTERSONG VILLAGE OF HAYESVILLE

Street Address: 82 S MECHANIC ST		**City and State:** HAYESVILLE, OH 44838	
Participation: MEDICAID ICF	**# of Beds:** 22	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
21	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	66.7	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	16	76.2	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	10	47.6	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	57.1	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	47.6	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	19.0	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	1	4.8	40.0	40.9
Residents requiring restraints.	3	14.3	36.2	30.9
Confused or disoriented residents.	9	42.9	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	0	0.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.5

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F097 F135 F170 F242* F282 F283 F297 F298

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEATH NURSING CONVALESCENT CTR

Street Address: 717 S 30TH ST		**City and State:** HEATH, OH 43055	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 216	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/23/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
205	4	178

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	188	91.7	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	188	91.7	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	188	91.7	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	168	82.0	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	179	87.3	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	45	22.0	40.5	39.1
Completely bedfast residents.	4	2.0	3.1	3.2
Residents confined to chairs.	107	52.2	52.8	52.3
Residents requiring restraints.	55	26.8	42.2	40.4
Confused or disoriented residents.	131	63.9	60.2	58.6
Residents with bed sores.	3	1.5	7.4	7.6
Residents receiving special skin care.	9	4.4	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F199 F242* F260 F261 F263 F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FOUNTAIN MANOR

Street Address: 401 FOUNTAIN		**City and State:** HICKSVILLE, OH 43526	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
60	6	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	98.3	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	58	96.7	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	46	76.7	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	78.3	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	86.7	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	22	36.7	40.5	39.1
Completely bedfast residents.	3	5.0	3.1	3.2
Residents confined to chairs.	28	46.7	52.8	52.3
Residents requiring restraints.	38	63.3	42.2	40.4
Confused or disoriented residents.	45	75.0	60.2	58.6
Residents with bed sores.	1	1.7	7.4	7.6
Residents receiving special skin care.	24	40.0	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F101 F130 F131* F134 F169 F170 F176
F177 F178 F196* F234 F235 F236 F240 F241
F242* F244 F260 F261 F283 F289 F294 F313*
F314 F332* F340* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ARBORS AT HILLIARD,THE

Street Address: 5471 SCIOTO DARBY RD		**City and State:** HILLIARD, OH 43026	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	14	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	90.5	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	107	92.2	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	84	72.4	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	75.0	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	75.9	68.6	69.4
Residents on individually written bowel and bladder retraining program.	2	1.7	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	24	20.7	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	52	44.8	52.8	52.3
Residents requiring restraints.	48	41.4	42.2	40.4
Confused or disoriented residents.	71	61.2	60.2	58.6
Residents with bed sores.	4	3.4	7.4	7.6
Residents receiving special skin care.	18	15.5	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	NOT MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	NOT MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	NOT MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	NOT MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsmen.

HILLIARD, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F123* F124 F126 F127* F129* F130 F133* F134
F139 F199 F240 F241 F242* F244 F260 F263
F272 F293* F297 F306 F316 F324* F325 F331
F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRESTWOOD NURSING CENTER

Street Address:
141 WILLETTSVILLE PK

City and State:
HILLSBORO, OH 45133

Participation:
MEDICAID ICF

# of Beds:
50

Type of Ownership:
PROPRIETARY

Survey Date:
05/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
46

Medicare Residents:
0

Medicaid Residents:
35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	91.3	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	40	87.0	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	40	87.0	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	76.1	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	80.4	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	13	28.3	33.4	30.4
Completely bedfast residents.	1	2.2	1.7	2.8
Residents confined to chairs.	8	17.4	40.0	40.9
Residents requiring restraints.	17	37.0	36.2	30.9
Confused or disoriented residents.	40	87.0	60.6	55.4
Residents with bed sores.	4	8.7	4.9	4.8
Residents receiving special skin care.	9	19.6	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F131* F191* F263 F287 F294 F328 F332* F353
F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEARTLAND OF HILLSBORO

Street Address: 1141 NORTHVIEW DR		**City and State:** HILLSBORO, OH 45133	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	10	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	77.7	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	86	91.5	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	76	80.9	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	78.7	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	63.8	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	39	41.5	40.5	39.1
Completely bedfast residents.	3	3.2	3.1	3.2
Residents confined to chairs.	65	69.1	52.8	52.3
Residents requiring restraints.	32	34.0	42.2	40.4
Confused or disoriented residents.	52	55.3	60.2	58.6
Residents with bed sores.	7	7.4	7.4	7.6
Residents receiving special skin care.	18	19.1	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F102 F131* F135 F142 F170 F176 F219
F220 F278 F279 F286 F289 F293* F321 F324*
F327 F331 F339 F341 F345* F351 F357

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OAKLAND NURSING CENTER

Street Address: 175 CHILLICOTHE AVE	**City and State:** HILLSBORO, OH 45133

Participation: MEDICAID ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	94.6	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	85	91.4	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	65	69.9	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	76.3	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	51.6	63.9	59.1
Residents on individually written bowel and bladder retraining program.	26	28.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	39	41.9	33.4	30.4
Completely bedfast residents.	1	1.1	1.7	2.8
Residents confined to chairs.	49	52.7	40.0	40.9
Residents requiring restraints.	49	52.7	36.2	30.9
Confused or disoriented residents.	54	58.1	60.6	55.4
Residents with bed sores.	2	2.2	4.9	4.8
Residents receiving special skin care.	15	16.1	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F076 F131* F168* F170 F173* F199 F236
F257 F259 F261

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HOLGATE QUALITY CARE

Street Address: 400 JOE BROWN AVE		**City and State:** HOLGATE, OH 43527	
Participation: MEDICAID ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	60.0	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	38	76.0	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	32	64.0	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	72.0	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	56.0	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	32.0	33.4	30.4
Completely bedfast residents.	1	2.0	1.7	2.8
Residents confined to chairs.	10	20.0	40.0	40.9
Residents requiring restraints.	21	42.0	36.2	30.9
Confused or disoriented residents.	22	44.0	60.6	55.4
Residents with bed sores.	4	8.0	4.9	4.8
Residents receiving special skin care.	23	46.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F196* F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SPRING MEADOWS EXTENDED CARE FACILITY

Street Address: 1125 CLARION AVE		**City and State:** HOLLAND, OH 43528	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	79.6	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	90	96.8	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	71	76.3	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	74.2	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	75.3	63.9	59.1
Residents on individually written bowel and bladder retraining program.	32	34.4	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	73	78.5	33.4	30.4
Completely bedfast residents.	1	1.1	1.7	2.8
Residents confined to chairs.	40	43.0	40.0	40.9
Residents requiring restraints.	17	18.3	36.2	30.9
Confused or disoriented residents.	32	34.4	60.6	55.4
Residents with bed sores.	4	4.3	4.9	4.8
Residents receiving special skin care.	13	14.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F052* F053 F054 F055 F056 F057 F058 F059
F061 F080* F084 F097 F102 F117 F126 F134
F170 F181* F182 F196* F236 F259 F328 F332*
F355 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SPRING CREEK NURSING CENTER

Street Address:
5440 CHARLESGATE RD

City and State:
HUBER HEIGHTS, OH 45424

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
100

Type of Ownership:
PROPRIETARY

Survey Date:
05/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
95

Medicare Residents:
13

Medicaid Residents:
63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	92.6	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	91	95.8	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	92	96.8	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	80.0	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	54.7	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	20	21.1	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	64	67.4	52.8	52.3
Residents requiring restraints.	39	41.1	42.2	40.4
Confused or disoriented residents.	39	41.1	60.2	58.6
Residents with bed sores.	2	2.1	7.4	7.6
Residents receiving special skin care.	7	7.4	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F101 F105 F123* F124 F125* F126 F128*
F129* F130 F131* F134 F135 F139 F142 F167*
F168* F169 F170 F173* F189 F190 F191* F242*
F244 F263

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HUDSON ELMS

Street Address: 597 E STREETSBORO RD		**City and State:** HUDSON, OH 44236	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	87.5	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	46	95.8	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	38	79.2	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	83.3	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	79.2	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	30	62.5	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	3	6.3	40.0	40.9
Residents requiring restraints.	30	62.5	36.2	30.9
Confused or disoriented residents.	37	77.1	60.6	55.4
Residents with bed sores.	3	6.3	4.9	4.8
Residents receiving special skin care.	0	0.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

HUDSON, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F062 F119 F126 F130 F131* F168* F169
F170 F174 F176 F190 F191* F223 F224 F235
F236 F237* F260 F261 F263 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BLOSSOM HILL NURSING HOME

Street Address: 12496 PRINCETON RD		**City and State:** HUNTSBURG, OH 44046	
Participation: MEDICAID ICF	**# of Beds:** 86	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
83	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	86.7	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	74	89.2	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	68	81.9	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	84.3	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	80.7	63.9	59.1
Residents on individually written bowel and bladder retraining program.	62	74.7	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	29	34.9	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	53	63.9	40.0	40.9
Residents requiring restraints.	56	67.5	36.2	30.9
Confused or disoriented residents.	60	72.3	60.6	55.4
Residents with bed sores.	3	3.6	4.9	4.8
Residents receiving special skin care.	10	12.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

HUNTSBURG, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F170 F330 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ERIE COUNTY CARE FACILITY

Street Address: 3916 PERKINS AVE		**City and State:** HURON, OH 44839	
Participation: MEDICAID ICF	**# of Beds:** 160	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 155	**Medicare Residents:** 0	**Medicaid Residents:** 149

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	153	98.7	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	121	78.1	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	105	67.7	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	92.9	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	60.6	63.9	59.1
Residents on individually written bowel and bladder retraining program.	1	0.6	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	31	20.0	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	78	50.3	40.0	40.9
Residents requiring restraints.	70	45.2	36.2	30.9
Confused or disoriented residents.	89	57.4	60.6	55.4
Residents with bed sores.	26	16.8	4.9	4.8
Residents receiving special skin care.	21	13.5	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F089 F131* F170 F173* F176 F217 F224 F242*
F250 F260 F289

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HURON HEALTH CARE CENTER

Street Address: 1920 CLEVELAND RD W		**City and State:** HURON, OH 44839	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/17/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	81.1	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	75	78.9	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	52	54.7	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	57.9	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	67.4	63.9	59.1
Residents on individually written bowel and bladder retraining program.	12	12.6	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	33	34.7	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	53	55.8	40.0	40.9
Residents requiring restraints.	36	37.9	36.2	30.9
Confused or disoriented residents.	42	44.2	60.6	55.4
Residents with bed sores.	13	13.7	4.9	4.8
Residents receiving special skin care.	30	31.6	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F052* F061 F080* F084 F096 F097 F127* F128*
F129* F130 F131* F132* F134 F170 F174 F175
F176 F177 F178 F181* F218* F236 F242* F289
F293* F294 F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRYANT HEALTH CARE CENTER INC

Street Address: 5TH AND CLINTON STS		**City and State:** IRONTON, OH 45638	
Participation: MEDICAID ICF	**# of Beds:** 93	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
87	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	77.0	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	75	86.2	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	58	66.7	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	69.0	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	58.6	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	32.2	33.4	30.4
Completely bedfast residents.	2	2.3	1.7	2.8
Residents confined to chairs.	33	37.9	40.0	40.9
Residents requiring restraints.	38	43.7	36.2	30.9
Confused or disoriented residents.	48	55.2	60.6	55.4
Residents with bed sores.	2	2.3	4.9	4.8
Residents receiving special skin care.	19	21.8	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F052* F080* F126 F130 F134 F135 F170 F190
F191* F241 F242* F263 F287 F288 F293* F294
F298 F304 F305 F306 F313* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
JO-LIN HEALTH CTR

Street Address: 1050 CLINTON ST		**City and State:** IRONTON, OH 45638	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 159	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
155	9	124

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	124	80.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	135	87.1	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	128	82.6	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	81.9	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	108	69.7	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	74	47.7	40.5	39.1
Completely bedfast residents.	7	4.5	3.1	3.2
Residents confined to chairs.	53	34.2	52.8	52.3
Residents requiring restraints.	72	46.5	42.2	40.4
Confused or disoriented residents.	110	71.0	60.2	58.6
Residents with bed sores.	2	1.3	7.4	7.6
Residents receiving special skin care.	67	43.2	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F131* F142 F170 F176 F197 F199 F207 F210
F242* F252 F261 F294 F342 F346 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FOUR WINDS NURSING FACILITY

Street Address: 215 SETH AVE		**City and State:** JACKSON, OH 45640	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	2	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	88.3	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	81	86.2	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	48	51.1	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	63.8	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	40.4	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	33	35.1	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	39	41.5	52.8	52.3
Residents requiring restraints.	33	35.1	42.2	40.4
Confused or disoriented residents.	54	57.4	60.2	58.6
Residents with bed sores.	2	2.1	7.4	7.6
Residents receiving special skin care.	10	10.6	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89 STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F174 F175 F274 F321 F328 F356

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEARTLAND OF JACKSON

Street Address: 8668 SR 93		**City and State:** JACKSON, OH 45640	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 14	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	100	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	96	100	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	69	71.9	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	96.9	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	61.5	68.6	69.4
Residents on individually written bowel and bladder retraining program.	2	2.1	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	36.5	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	56	58.3	52.8	52.3
Residents requiring restraints.	42	43.8	42.2	40.4
Confused or disoriented residents.	83	86.5	60.2	58.6
Residents with bed sores.	3	3.1	7.4	7.6
Residents receiving special skin care.	4	4.2	28.3	31.4

JACKSON, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F126 F170 F181* F250 F252 F255 F264
F294 F332* F342 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEATHERGREENE II INC

Street Address: 4960 US RT 35 E	**City and State:** JAMESTOWN, OH 45335

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 4	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	76.8	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	80	84.2	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	75	78.9	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	84.2	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	84.2	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	80	84.2	40.5	39.1
Completely bedfast residents.	2	2.1	3.1	3.2
Residents confined to chairs.	78	82.1	52.8	52.3
Residents requiring restraints.	78	82.1	42.2	40.4
Confused or disoriented residents.	92	96.8	60.2	58.6
Residents with bed sores.	9	9.5	7.4	7.6
Residents receiving special skin care.	45	47.4	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F130 F182 F199 F260 F262

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
JEFFERSON GERIATRIC CENTER

Street Address: 222 E BEECH ST		**City and State:** JEFFERSON, OH 44047	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
21	7	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	100	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	21	100	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	21	100	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	95.2	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	61.9	68.6	69.4
Residents on individually written bowel and bladder retraining program.	2	9.5	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	61.9	40.5	39.1
Completely bedfast residents.	4	19.0	3.1	3.2
Residents confined to chairs.	8	38.1	52.8	52.3
Residents requiring restraints.	2	9.5	42.2	40.4
Confused or disoriented residents.	12	57.1	60.2	58.6
Residents with bed sores.	2	9.5	7.4	7.6
Residents receiving special skin care.	12	57.1	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F098 F099 F101 F102 F124 F125* F126
F127* F128* F134 F135 F170 F171 F172 F173*
F174 F175 F178 F194 F195 F196* F197 F199
F210 F219 F261

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
NORTHVIEW NURSING HOME

Street Address: 267 N MAIN ST		**City and State:** JOHNSTOWN, OH 43031	
Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/30/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
34	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	82.4	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	30	88.2	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	28	82.4	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	82.4	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	61.8	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	44.1	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	19	55.9	40.0	40.9
Residents requiring restraints.	28	82.4	36.2	30.9
Confused or disoriented residents.	30	88.2	60.6	55.4
Residents with bed sores.	3	8.8	4.9	4.8
Residents receiving special skin care.	4	11.8	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F294 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KENT QUALITY CARE NURSING CTR

Street Address:
1290 FAIRCHILD RD

City and State:
KENT, OH 44240

Participation:
MEDICAID ICF

# of Beds:
100

Type of Ownership:
PROPRIETARY

Survey Date:
10/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
95

Medicare Residents:
0

Medicaid Residents:
53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	74.7	81.2	73.5
Dressing				
Residents requiring some or total assistance in dressing.	83	87.4	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	68	71.6	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	77.9	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	68.4	63.9	59.1
Residents on individually written bowel and bladder retraining program.	6	6.3	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	16.8	33.4	30.4
Completely bedfast residents.	1	1.1	1.7	2.8
Residents confined to chairs.	56	58.9	40.0	40.9
Residents requiring restraints.	43	45.3	36.2	30.9
Confused or disoriented residents.	39	41.1	60.6	55.4
Residents with bed sores.	6	6.3	4.9	4.8
Residents receiving special skin care.	24	25.3	22.9	23.5

KENT, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F102 F130

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CORINTHIAN

Street Address: 320 N WAYNE ST		**City and State:** KENTON, OH 43326	
Participation: MEDICAID ICF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
69	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	89.9	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	66	95.7	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	59	85.5	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	73.9	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	68.1	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	24.6	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	19	27.5	40.0	40.9
Residents requiring restraints.	33	47.8	36.2	30.9
Confused or disoriented residents.	45	65.2	60.6	55.4
Residents with bed sores.	4	5.8	4.9	4.8
Residents receiving special skin care.	3	4.3	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F131* F136 F181* F196* F199 F294 F313*
F316 F328 F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COUNTRY MANOR OF KENTON INC

Street Address: 911 W PATTISON AVE	**City and State:** KENTON, OH 43326

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	93.9	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	40	81.6	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	42	85.7	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	73.5	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	77.6	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	32.7	33.4	30.4
Completely bedfast residents.	1	2.0	1.7	2.8
Residents confined to chairs.	30	61.2	40.0	40.9
Residents requiring restraints.	16	32.7	36.2	30.9
Confused or disoriented residents.	36	73.5	60.6	55.4
Residents with bed sores.	2	4.1	4.9	4.8
Residents receiving special skin care.	2	4.1	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F099 F100 F101 F102 F126 F127* F134
F168* F169 F170 F182 F216 F217 F218* F219
F220 F260 F261 F289 F293* F313* F319 F330
F332* F333 F345* F348 F349 F353 F355

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREEN ACRES NURSING HOME

Street Address: 117 CEMETARY RD		**City and State:** KENTON, OH 43326	
Participation: MEDICAID ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
86	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	80.2	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	70	81.4	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	57	66.3	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	83.7	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	53.5	63.9	59.1
Residents on individually written bowel and bladder retraining program.	2	2.3	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	30.2	33.4	30.4
Completely bedfast residents.	5	5.8	1.7	2.8
Residents confined to chairs.	14	16.3	40.0	40.9
Residents requiring restraints.	46	53.5	36.2	30.9
Confused or disoriented residents.	47	54.7	60.6	55.4
Residents with bed sores.	7	8.1	4.9	4.8
Residents receiving special skin care.	30	34.9	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	NOT MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F099 F100 F101 F105 F128* F130 F132* F168*
F169 F170 F175 F199 F217 F260 F261 F277
F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HARDIN COUNTY HOME

Street Address: 12846 STATE RT 309		**City and State:** KENTON, OH 43326	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	89.4	81.2	78.5
Dressing Residents roquiring some or total assistance in dressing.	38	80.9	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	30	63.8	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	63.8	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	36.2	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	13	27.7	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	7	14.9	40.0	40.9
Residents requiring restraints.	12	25.5	36.2	30.9
Confused or disoriented residents.	17	36.2	60.6	55.4
Residents with bed sores.	1	2.1	4.9	4.8
Residents receiving special skin care.	5	10.6	22.9	23.5

KENTON, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F126 F181* F218* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEARTLAND OF KETTERING

Street Address: 3313 WILMINGTON PK		**City and State:** KETTERING, OH 45429	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	4	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	88.7	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	90	92.8	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	83	85.6	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	80.4	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	79.4	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	48	49.5	40.5	39.1
Completely bedfast residents.	3	3.1	3.1	3.2
Residents confined to chairs.	54	55.7	52.8	52.3
Residents requiring restraints.	39	40.2	42.2	40.4
Confused or disoriented residents.	74	76.3	60.2	58.6
Residents with bed sores.	6	6.2	7.4	7.6
Residents receiving special skin care.	9	9.3	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F128* F129* F132* F135 F173* F206 F260 F263
F293* F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
KETTERING CONVALESCENT CENTER

Street Address: 1150 W DOROTHY LN		**City and State:** KETTERING, OH 45409	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 168	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 158	**Medicare Residents:** 23	**Medicaid Residents:** 79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	154	97.5	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	149	94.3	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	121	76.6	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	82.3	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	65.2	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	75	47.5	40.5	39.1
Completely bedfast residents.	2	1.3	3.1	3.2
Residents confined to chairs.	126	79.7	52.8	52.3
Residents requiring restraints.	99	62.7	42.2	40.4
Confused or disoriented residents.	97	61.4	60.2	58.6
Residents with bed sores.	25	15.8	7.4	7.6
Residents receiving special skin care.	11	7.0	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050 F061 F084 F085* F098 F099 F100 F101
F102 F105 F123* F124 F125* F126 F127* F128*
F129* F130 F133* F134 F135 F139 F141 F167*
F168* F169 F170 F171 F172 F173* F174 F175
F176 F178 F191* F227 F260 F263 F264 F333
F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BELL NURSING HOME

Street Address: MAIN ST PO BOX 51		**City and State:** KIMBOLTON, OH 43749	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/04/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	81.3	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	42	87.5	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	34	70.8	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	62.5	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	56.3	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	10	20.8	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	3	6.3	40.0	40.9
Residents requiring restraints.	27	56.3	36.2	30.9
Confused or disoriented residents.	31	64.6	60.6	55.4
Residents with bed sores.	3	6.3	4.9	4.8
Residents receiving special skin care.	14	29.2	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F135 F168* F169 F170 F173* F181* F194
F196* F242* F256 F260 F261 F263 F283 F297
F305 F328 F332* F358

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GOSPEL LIGHT NURSING HOME

Street Address: BOX 238 W THIRD ST		**City and State:** KINGSTOWN, OH 45644	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	87.9	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	24	72.7	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	15	45.5	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	90.9	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	45.5	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	13	39.4	33.4	30.4
Completely bedfast residents.	1	3.0	1.7	2.8
Residents confined to chairs.	12	36.4	40.0	40.9
Residents requiring restraints.	2	6.1	36.2	30.9
Confused or disoriented residents.	15	45.5	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	1	3.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	NOT MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

KINGSTOWN, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F104 F105 F106* F126 F131* F132* F135 F136
F168* F169 F170 F199 F224 F236 F259 F260
F261 F262 F263 F269 F283 F285 F289 F294
F332* F348 F349 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ASHTABULA COUNTY NURSING HOME

Street Address: 5740 DIBBLE RD		**City and State:** KINGSVILLE, OH 44048	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 310	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 260	**Medicare Residents:** 7	**Medicaid Residents:** 203

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	179	68.8	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	210	80.8	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	137	52.7	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	177	68.1	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	215	82.7	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	68	26.2	40.5	39.1
Completely bedfast residents.	6	2.3	3.1	3.2
Residents confined to chairs.	104	40.0	52.8	52.3
Residents requiring restraints.	50	19.2	42.2	40.4
Confused or disoriented residents.	209	80.4	60.2	58.6
Residents with bed sores.	16	6.2	7.4	7.6
Residents receiving special skin care.	156	60.0	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	NOT MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F134 F135 F140 F170 F174 F175 F260
F263 F289 F294 F297 F322* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PINE KIRK NURSING HOME

Street Address: 205 E MAIN ST		**City and State:** KIRKSVILLE, OH 43033	
Participation: MEDICAID ICF	**# of Beds:** 39	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	87.2	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	26	66.7	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	24	61.5	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	46.2	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	61.5	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	10	25.6	33.4	30.4
Completely bedfast residents.	4	10.3	1.7	2.8
Residents confined to chairs.	13	33.3	40.0	40.9
Residents requiring restraints.	11	28.2	36.2	30.9
Confused or disoriented residents.	38	97.4	60.6	55.4
Residents with bed sores.	1	2.6	4.9	4.8
Residents receiving special skin care.	10	25.6	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/38	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

KIRKSVILLE, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F112* F113 F119 F126 F135 F190 F191* F199
F223 F224 F249 F250 F254 F255 F256 F260
F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WESTERN RESERVE CONVL HOME

Street Address: 9679 CHILLICOTHE RD		**City and State:** KIRTLAND, OH 44094	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
141	9	108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	83.7	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	125	88.7	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	129	91.5	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	83.7	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	126	89.4	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	43.3	40.5	39.1
Completely bedfast residents.	5	3.5	3.1	3.2
Residents confined to chairs.	111	78.7	52.8	52.3
Residents requiring restraints.	79	56.0	42.2	40.4
Confused or disoriented residents.	85	60.3	60.2	58.6
Residents with bed sores.	33	23.4	7.4	7.6
Residents receiving special skin care.	70	49.6	28.3	31.4

KIRTLAND, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F135 F170 F191* F288 F289 F297 F332*
F349 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WESTERN RESERVE EXTENDED CARE

Street Address: 9685 CHILLICOTHE RD		**City and State:** KIRTLAND, OH 44094	
Participation: MEDICARE SNF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
19	19	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	84.2	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	16	84.2	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	16	84.2	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	84.2	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	78.9	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	57.9	40.5	39.1
Completely bedfast residents.	4	21.1	3.1	3.2
Residents confined to chairs.	12	63.2	52.8	52.3
Residents requiring restraints.	8	42.1	42.2	40.4
Confused or disoriented residents.	10	52.6	60.2	58.6
Residents with bed sores.	9	47.4	7.4	7.6
Residents receiving special skin care.	12	63.2	28.3	31.4

KIRTLAND, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F116 F255 F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EDGEWATER QUALITY CARE NURSING CTR

Street Address: 1930 CRAIG DR		**City and State:** LAKE MILTON, OH 44429	
Participation: MEDICAID ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	76.7	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	50	83.3	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	47	78.3	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	70.0	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	70.0	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	33.3	33.4	30.4
Completely bedfast residents.	3	5.0	1.7	2.8
Residents confined to chairs.	35	58.3	40.0	40.9
Residents requiring restraints.	28	46.7	36.2	30.9
Confused or disoriented residents.	55	91.7	60.6	55.4
Residents with bed sores.	5	8.3	4.9	4.8
Residents receiving special skin care.	53	88.3	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LAKE MILTON, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F190 F191* F250 F260 F263 F283 F294 F298
F313* F328 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEARTLAND OF INDIAN LAKE NURSING CTR

Street Address: 14480 SR 366 E	**City and State:** LAKEVIEW, OH 43331

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
68	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	72.1	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	48	70.6	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	43	63.2	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	63.2	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	44.1	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	17	25.0	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	38	55.9	40.0	40.9
Residents requiring restraints.	29	42.6	36.2	30.9
Confused or disoriented residents.	31	45.6	60.6	55.4
Residents with bed sores.	7	10.3	4.9	4.8
Residents receiving special skin care.	28	41.2	22.9	23.5

LAKEVIEW, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056
F084
F097
F101
F102
F125*
F127*
F128*
F129*
F134
F139
F170
F172
F173*
F174
F175
F176
F182
F196*
F243
F260
F289
F294
F297
F313*
F330
F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEARTLAND OF INDIAN LAKE REHAB CTR

Street Address: 14442 SR 33 W		**City and State:** LAKEVIEW, OH 43331	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	15	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	94.9	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	36	92.3	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	36	92.3	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	97.4	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	87.2	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	25	64.1	40.5	39.1
Completely bedfast residents.	5	12.8	3.1	3.2
Residents confined to chairs.	32	82.1	52.8	52.3
Residents requiring restraints.	17	43.6	42.2	40.4
Confused or disoriented residents.	31	79.5	60.2	58.6
Residents with bed sores.	9	23.1	7.4	7.6
Residents receiving special skin care.	9	23.1	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	NOT MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050 F084 F085* F098 F099 F100 F101 F102
F123* F124 F125* F126 F127* F128* F129* F130
F131* F132* F133* F134 F135 F136 F139 F141
F142 F167* F168* F169 F170 F171 F172 F173*
F174 F175 F176 F177 F178 F181* F189 F190
F191* F196* F206 F207 F218* F260 F261 F262
F293* F320 F321 F322* F328 F332* F338 F339
F340* F350 F351 F352 F353 F354 F355 F356
F357 F358 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ARISTOCRAT-LAKEWOOD

Street Address: 13900 DETROIT AVE		**City and State:** LAKEWOOD, OH 44107	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 132	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
129	7	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	76.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	109	84.5	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	95	73.6	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	79.8	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	62.0	68.6	69.4
Residents on individually written bowel and bladder retraining program.	C	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	42	32.6	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	96	74.4	52.8	52.3
Residents requiring restraints.	53	41.1	42.2	40.4
Confused or disoriented residents.	90	69.8	60.2	58.6
Residents with bed sores.	13	10.1	7.4	7.6
Residents receiving special skin care.	8	6.2	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100 F170 F196* F218* F261 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRESTMONT NURSING HOME NORTH

Street Address: 13330 DETROIT AVE		**City and State:** LAKEWOOD, OH 44107	
Participation: MEDICAID ICF	**# of Beds:** 73	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/28/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
70	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	94.3	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	66	94.3	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	57	81.4	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	97.1	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	74.3	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	25	35.7	33.4	30.4
Completely bedfast residents.	2	2.9	1.7	2.8
Residents confined to chairs.	50	71.4	40.0	40.9
Residents requiring restraints.	34	48.6	36.2	30.9
Confused or disoriented residents.	40	57.1	60.6	55.4
Residents with bed sores.	2	2.9	4.9	4.8
Residents receiving special skin care.	52	74.3	22.9	23.5

LAKEWOOD, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F127* F128* F129* F134 F135 F168* F170
F196* F250 F261 F263 F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LAKEWOOD HOSPITAL SKILLED NURSING FAC

Street Address: 14519 DETROIT AVE		**City and State:** LAKEWOOD, OH 44107	
Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
4	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	100	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	4	100	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	3	75.0	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	75.0	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	100	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	4	100	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	1	25.0	40.0	40.9
Residents requiring restraints.	0	0.0	36.2	30.9
Confused or disoriented residents.	4	100	60.6	55.4
Residents with bed sores.	2	50.0	4.9	4.8
Residents receiving special skin care.	1	25.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	NOT MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F168* F169 F170 F196* F210 F235 F236 F237*
F260 F294 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LAKEWOOD HOSPITAL SNU

Street Address: 14519 DETROIT AVE		**City and State:** LAKEWOOD, OH 44107	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 25	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
4	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	100	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	4	100	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	3	75.0	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	75.0	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	100	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	4	100	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	1	25.0	52.8	52.3
Residents requiring restraints.	0	0.0	42.2	40.4
Confused or disoriented residents.	4	100	60.2	58.6
Residents with bed sores.	2	50.0	7.4	7.6
Residents receiving special skin care.	1	25.0	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	NOT MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167* F168* F169 F170 F196* F210 F233 F234
F235 F236 F237* F260 F274 F294 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WRIGHT NURSING CENTER

Street Address: 13315 DETROIT AVE		**City and State:** LAKEWOOD, OH 44107	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
41	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	82.9	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	37	90.2	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	33	80.5	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	80.5	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	80.5	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	68.3	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	31	75.6	40.0	40.9
Residents requiring restraints.	28	68.3	36.2	30.9
Confused or disoriented residents.	35	85.4	60.6	55.4
Residents with bed sores.	1	2.4	4.9	4.8
Residents receiving special skin care.	0	0.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F170 F196* F199 F260 F261 F296 F332*
F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AMERICARE HOMESTEAD NSG & REHAB CTR

Street Address: 1900 E MAIN ST		**City and State:** LANCASTER, OH 43130	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	6	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	76.5	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	79	80.6	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	78	79.6	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	77.6	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	63.3	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	34.7	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	65	66.3	52.8	52.3
Residents requiring restraints.	60	61.2	42.2	40.4
Confused or disoriented residents.	66	67.3	60.2	58.6
Residents with bed sores.	2	2.0	7.4	7.6
Residents receiving special skin care.	40	40.8	28.3	31.4

LANCASTER, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LANCASTER, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F102 F119 F132* F134 F199 F206
F236 F260 F261 F263 F285 F293* F294 F313*
F321 F332* F341 F342 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AMERICARE LANCASTER NSG REHAB CTR

Street Address:
3680 DOLSON CT NW

City and State:
LANCASTER, OH 43130

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
100

Type of Ownership:
PROPRIETARY

Survey Date:
10/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
90

Medicare Residents:
3

Medicaid Residents:
55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	16.7	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	74	82.2	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	69	76.7	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	82.2	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	52.2	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	23.3	40.5	39.1
Completely bedfast residents.	4	4.4	3.1	3.2
Residents confined to chairs.	23	25.6	52.8	52.3
Residents requiring restraints.	39	43.3	42.2	40.4
Confused or disoriented residents.	70	77.8	60.2	58.6
Residents with bed sores.	6	6.7	7.4	7.6
Residents receiving special skin care.	6	6.7	28.3	31.4

LANCASTER, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F124 F126 F130 F182 F197 F199 F206 F260
F261 F263 F264 F297 F320 F321 F323 F332*
F341 F342 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRESTVIEW MANOR NURSING HOME #1

Street Address: 925 BECKS KNOB RD RT 3		**City and State:** LANCASTER, OH 43130	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	1	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	99.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	91	93.8	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	71	73.2	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	82.5	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	59.8	68.6	69.4
Residents on individually written bowel and bladder retraining program.	31	32.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	48	49.5	40.5	39.1
Completely bedfast residents.	3	3.1	3.1	3.2
Residents confined to chairs.	31	32.0	52.8	52.3
Residents requiring restraints.	35	36.1	42.2	40.4
Confused or disoriented residents.	65	67.0	60.2	58.6
Residents with bed sores.	3	3.1	7.4	7.6
Residents receiving special skin care.	38	39.2	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F120 F126 F127* F134 F135 F180 F199 F224
F227 F263 F264 F293* F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRESTVIEW MANOR NURSING HOME #2

Street Address: 957 BECKS KNOB RD		**City and State:** LANCASTER, OH 43130	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	1	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	98.9	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	90	94.7	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	64	67.4	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	77.9	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	57.9	68.6	69.4
Residents on individually written bowel and bladder retraining program.	23	24.2	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	40.0	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	28	29.5	52.8	52.3
Residents requiring restraints.	37	38.9	42.2	40.4
Confused or disoriented residents.	76	80.0	60.2	58.6
Residents with bed sores.	4	4.2	7.4	7.6
Residents receiving special skin care.	24	25.3	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F120 F126 F130 F224 F260

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CRITES NURSING HOME

Street Address: 1318 E MAIN ST	**City and State:** LANCASTER, OH 43130

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	91.4	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	56	96.6	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	44	75.9	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	75.9	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	75.9	63.9	59.1
Residents on individually written bowel and bladder retraining program.	43	74.1	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	74.1	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	40	69.0	40.0	40.9
Residents requiring restraints.	23	39.7	36.2	30.9
Confused or disoriented residents.	44	75.9	60.6	55.4
Residents with bed sores.	4	6.9	4.9	4.8
Residents receiving special skin care.	11	19.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	NOT MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F113 F130 F199 F226 F227 F260 F261 F282
F325 F328 F332* F333

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
JOHNSTON NURSING HOME

Street Address: 1246 E MAIN ST	**City and State:** LANCASTER, OH 43130

Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	80.0	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	24	80.0	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	19	63.3	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	70.0	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	70.0	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	36.7	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	4	13.3	40.0	40.9
Residents requiring restraints.	11	36.7	36.2	30.9
Confused or disoriented residents.	17	56.7	60.6	55.4
Residents with bed sores.	1	3.3	4.9	4.8
Residents receiving special skin care.	4	13.3	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F110 F126 F135 F190 F191* F194 F199
F226 F227 F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VALLEY VIEW NURSING HOME

Street Address: 5185 LITHOPOLIS RD		**City and State:** LANCASTER, OH 43130	
Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
25	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	44.0	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	20	80.0	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	14	56.0	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	48.0	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	48.0	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	68.0	33.4	30.4
Completely bedfast residents.	4	16.0	1.7	2.8
Residents confined to chairs.	8	32.0	40.0	40.9
Residents requiring restraints.	10	40.0	36.2	30.9
Confused or disoriented residents.	14	56.0	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	0	0.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F199 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WINTERSONG VILLAGE OF LAURELVILLE

Street Address: 16128 PIKE ST BOX 128		**City and State:** LAURELVILLE, OH 43135	
Participation: MEDICAID ICF	**# of Beds:** 18	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
17	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	82.4	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	13	76.5	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	13	76.5	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	64.7	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	70.6	63.9	59.1
Residents on individually written bowel and bladder retraining program.	7	41.2	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	8	47.1	33.4	30.4
Completely bedfast residents.	2	11.8	1.7	2.8
Residents confined to chairs.	9	52.9	40.0	40.9
Residents requiring restraints.	7	41.2	36.2	30.9
Confused or disoriented residents.	5	29.4	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	0	0.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F096 F130 F131* F170 F173* F199 F224 F260
F285 F287 F288 F289 F293* F298 F308 F309
F330 F332* F346 F353 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CEDARS OF LEBANON

Street Address: 102 E SILVER ST		**City and State:** LEBANON, OH 45036	
Participation: MEDICAID ICF	**# of Beds:** 45	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
42	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	73.8	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	35	83.3	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	29	69.0	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	90.5	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	57.1	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	15	35.7	33.4	30.4
Completely bedfast residents.	1	2.4	1.7	2.8
Residents confined to chairs.	12	28.6	40.0	40.9
Residents requiring restraints.	15	35.7	36.2	30.9
Confused or disoriented residents.	18	42.9	60.6	55.4
Residents with bed sores.	1	2.4	4.9	4.8
Residents receiving special skin care.	8	19.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F104 F105 F170 F263

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LEBANON COUNTRY MANOR

Street Address: 700 MONROE RD	**City and State:** LEBANON, OH 45036

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
89	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	69.7	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	73	82.0	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	62	69.7	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	70.8	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	52.8	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	24	27.0	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	41	46.1	40.0	40.9
Residents requiring restraints.	15	16.9	36.2	30.9
Confused or disoriented residents.	59	66.3	60.6	55.4
Residents with bed sores.	5	5.6	4.9	4.8
Residents receiving special skin care.	15	16.9	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F126 F168* F169 F170 F250 F260 F263

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LEBANON HEALTH CARE CENTER

Street Address:
115 OREGONIA RD PO BOX 376

City and State:
LEBANON, OH 45036

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
103

Type of Ownership:
PROPRIETARY

Survey Date:
11/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	3	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	86.6	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	84	86.6	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	67	69.1	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	71.1	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	63.9	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	44.3	40.5	39.1
Completely bedfast residents.	5	5.2	3.1	3.2
Residents confined to chairs.	55	56.7	52.8	52.3
Residents requiring restraints.	28	28.9	42.2	40.4
Confused or disoriented residents.	65	67.0	60.2	58.6
Residents with bed sores.	8	8.2	7.4	7.6
Residents receiving special skin care.	58	59.8	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F101	F127*	F128*	F129*	F131*	F133*	F135
F173*	F257	F263	F289	F293*	F297	F321	F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LEBANON NURSING HOME

Street Address: 220 S MECHANIC ST	**City and State:** LEBANON, OH 45036

Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	77.1	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	32	91.4	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	22	62.9	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	62.9	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	62.9	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	14	40.0	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	17	48.6	40.0	40.9
Residents requiring restraints.	11	31.4	36.2	30.9
Confused or disoriented residents.	32	91.4	60.6	55.4
Residents with bed sores.	1	2.9	4.9	4.8
Residents receiving special skin care.	1	2.9	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F084 F135 F181* F260 F283 F289 F292
F293* F294 F296 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OTTERBEIN HOME

Street Address: 585 N STATE RT 741		**City and State:** LEBANON, OH 45036	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 356	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
310	4	108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	241	77.7	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	145	46.8	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	121	39.0	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	305	98.4	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	165	53.2	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	54	17.4	40.5	39.1
Completely bedfast residents.	5	1.6	3.1	3.2
Residents confined to chairs.	67	21.6	52.8	52.3
Residents requiring restraints.	63	20.3	42.2	40.4
Confused or disoriented residents.	124	40.0	60.2	58.6
Residents with bed sores.	12	3.9	7.4	7.6
Residents receiving special skin care.	60	19.4	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F110 F128* F134 F170 F242* F260 F263

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LEXINGTON COURT

Street Address: 250 DELAWARE		**City and State:** LEXINGTON, OH 44904	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/29/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	98.0	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	75	75.8	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	65	65.7	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	67.7	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	59.6	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	55	55.6	33.4	30.4
Completely bedfast residents.	2	2.0	1.7	2.8
Residents confined to chairs.	33	33.3	40.0	40.9
Residents requiring restraints.	37	37.4	36.2	30.9
Confused or disoriented residents.	54	54.5	60.6	55.4
Residents with bed sores.	2	2.0	4.9	4.8
Residents receiving special skin care.	29	29.3	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LEXINGTON, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F064 F101 F102 F105 F126 F127* F129*
F131* F132* F134 F174 F176 F182 F186 F191*
F210 F259 F260 F262 F264 F289 F294 F332*
F349 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ALLEN COUNTY HEALTHCARE CENTER

Street Address: 3125 ADA RD		**City and State:** LIMA, OH 45801	
Participation: MEDICAID ICF	**# of Beds:** 134	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
120	0	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	51.7	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	68	56.7	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	68	56.7	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	95.8	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	51.7	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	17	14.2	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	32	26.7	40.0	40.9
Residents requiring restraints.	58	48.3	36.2	30.9
Confused or disoriented residents.	38	31.7	60.6	55.4
Residents with bed sores.	7	5.8	4.9	4.8
Residents receiving special skin care.	8	6.7	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F169 F181* F260 F261 F283 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COLUMBIA CARE CENTER

Street Address: 651 COLUMBIA DR		**City and State:** LIMA, OH 45805	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/13/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	1	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	76.6	82.4	32.0
Dressing Residents requiring some or total assistance in dressing.	37	78.7	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	39	83.0	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	74.5	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	76.6	68.6	69.4
Residents on individually written bowel and bladder retraining program.	1	2.1	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	18	38.3	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	7	14.9	52.8	52.3
Residents requiring restraints.	21	44.7	42.2	40.4
Confused or disoriented residents.	28	59.6	60.2	58.6
Residents with bed sores.	0	0.0	7.4	7.6
Residents receiving special skin care.	9	19.1	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F130 F135 F170 F182 F199 F206 F215
F216 F217 F218* F219 F260 F297 F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LIMA MANOR

Street Address: 750 BROWER RD		**City and State:** LIMA, OH 45801	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/22/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 2	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	77.3	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	77	87.5	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	58	65.9	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	64.8	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	48.9	68.6	69.4
Residents on individually written bowel and bladder retraining program.	1	1.1	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	28.4	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	15	17.0	52.8	52.3
Residents requiring restraints.	29	33.0	42.2	40.4
Confused or disoriented residents.	25	28.4	60.2	58.6
Residents with bed sores.	5	5.7	7.4	7.6
Residents receiving special skin care.	33	37.5	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057 F058 F059 F100 F126 F135 F167* F168*
F169 F170 F182 F191* F205 F207 F233 F234
F235 F236 F237* F238 F242* F260 F261 F331
F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LOST CREEK CARE CENTER

Street Address: 804 S MUMAUGH		**City and State:** LIMA, OH 45804	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
91	5	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	89.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	75	82.4	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	52	57.1	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	59.3	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	60.4	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	14	15.4	40.5	39.1
Completely bedfast residents.	2	2.2	3.1	3.2
Residents confined to chairs.	58	63.7	52.8	52.3
Residents requiring restraints.	32	35.2	42.2	40.4
Confused or disoriented residents.	25	27.5	60.2	58.6
Residents with bed sores.	5	5.5	7.4	7.6
Residents receiving special skin care.	0	0.0	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050 F051* F052* F056 F060 F064 F080* F084
F095 F096 F097 F098 F099 F100 F101 F102
F126 F128* F129* F130 F131* F134 F169 F174
F176 F180 F182 F207 F260 F261 F353 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OAKS CARE CENTER

Street Address: 599 S SHAWNEE ST		**City and State:** LIMA, OH 45804	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	2	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	70.2	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	84	89.4	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	74	78.7	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	71.3	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	67.0	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	26	27.7	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	37	39.4	52.8	52.3
Residents requiring restraints.	44	46.8	42.2	40.4
Confused or disoriented residents.	48	51.1	60.2	58.6
Residents with bed sores.	7	7.4	7.4	7.6
Residents receiving special skin care.	26	27.7	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudaman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F131* F240 F241 F242* F243 F244 F260 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SHAWNEE MANOR

Street Address: 2535 FT AMANDA RD		**City and State:** LIMA, OH 45805	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
146	4	96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	124	84.9	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	116	79.5	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	110	75.3	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	75.3	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	60.3	68.6	69.4
Residents on individually written bowel and bladder retraining program.	3	2.1	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	25	17.1	40.5	39.1
Completely bedfast residents.	2	1.4	3.1	3.2
Residents confined to chairs.	33	22.6	52.8	52.3
Residents requiring restraints.	30	20.5	42.2	40.4
Confused or disoriented residents.	67	45.9	60.2	58.6
Residents with bed sores.	3	2.1	7.4	7.6
Residents receiving special skin care.	71	48.6	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F129* F134 F135 F170 F260 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SPRINGVIEW MANOR NURSING HOME

Street Address: 883 W SPRING ST		**City and State:** LIMA, OH 45805	
Participation: MEDICAID ICF	**# of Beds:** 43	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	53.3	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	18	60.0	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	15	50.0	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	50.0	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	53.3	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	5	16.7	33.4	30.4
Completely bedfast residents.	1	3.3	1.7	2.8
Residents confined to chairs.	3	10.0	40.0	40.9
Residents requiring restraints.	10	33.3	36.2	30.9
Confused or disoriented residents.	15	50.0	60.6	55.4
Residents with bed sores.	2	6.7	4.9	4.8
Residents receiving special skin care.	5	16.7	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F054 F056 F065 F066 F067 F080* F082
F083 F084 F095 F096 F097 F099 F100 F101
F102 F104 F105 F112* F113 F117 F126 F130
F131* F132* F134 F135 F168* F169 F170 F174
F176 F178 F180 F182 F186 F191* F196* F199
F210 F223 F224 F226 F227 F236 F237* F241
F242* F243 F244 F249 F252 F253 F254 F255
F256 F257 F259 F260 F261 F262 F263 F264
F283 F289 F294 F346 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PLEASANT VIEW NURSING HOME

Street Address: 7451 PLEASANT VIEW DR		**City and State:** LISBON, OH 44432	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	80.0	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	37	74.0	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	33	66.0	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	72.0	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	48.0	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	32	64.0	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	11	22.0	40.0	40.9
Residents requiring restraints.	25	50.0	36.2	30.9
Confused or disoriented residents.	23	46.0	60.6	55.4
Residents with bed sores.	2	4.0	4.9	4.8
Residents receiving special skin care.	13	26.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F196* F199 F257 F260 F263 F332* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WINDSOR MANOR

Street Address: 8473 COUNTY HOME RD		**City and State:** LISBON, OH 44432	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	2	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	89.1	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	39	84.8	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	27	58.7	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	71.7	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	58.7	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	36	78.3	40.5	39.1
Completely bedfast residents.	1	2.2	3.1	3.2
Residents confined to chairs.	19	41.3	52.8	52.3
Residents requiring restraints.	20	43.5	42.2	40.4
Confused or disoriented residents.	21	45.7	60.2	58.6
Residents with bed sores.	0	0.0	7.4	7.6
Residents receiving special skin care.	0	0.0	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F134 F170 F195 F196* F197 F199 F206
F217 F218* F224 F260 F289 F297 F325 F326
F327 F328 F332* F358 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ARCADIA ACRES NURSING HOME

Street Address: 20017 ST RT 93 S		**City and State:** LOGAN, OH 43138	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	80.9	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	34	72.3	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	15	31.9	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	40.4	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	31.9	63.9	59.1
Residents on individually written bowel and bladder retraining program.	7	14.9	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	8	17.0	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	7	14.9	40.0	40.9
Residents requiring restraints.	1	2.1	36.2	30.9
Confused or disoriented residents.	28	59.6	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	7	14.9	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F131* F170 F261 F263 F287 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HOCKING VALLEY COMMUNITY HOSP-SNF

Street Address: ST RT 664 N		**City and State:** LOGAN, OH 43138	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 30	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
24	12	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathning				
Residents requiring some or total assistance in bathing.	20	83.3	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	24	100	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	22	91.7	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	91.7	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	79.2	68.6	69.4
Residents on individually written bowel and bladder retraining program.	1	4.2	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	83.3	40.5	39.1
Completely bedfast residents.	1	4.2	3.1	3.2
Residents confined to chairs.	19	79.2	52.8	52.3
Residents requiring restraints.	4	16.7	42.2	40.4
Confused or disoriented residents.	12	50.0	60.2	58.6
Residents with bed sores.	1	4.2	7.4	7.6
Residents receiving special skin care.	2	8.3	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F096 F130 F131* F167* F168* F170 F224 F242*
F259 F263 F287 F294 F295 F298 F307 F308
F309 F321 F331 F332* F333 F342 F346 F353
F356 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LOGAN HEALTH CARE CENTER

Street Address: 300 ARLINGTON RD		**City and State:** LOGAN, OH 43138	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 159	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/05/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
147	6	120

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	62.6	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	137	93.2	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	122	83.0	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	76.9	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	111	75.5	68.6	69.4
Residents on individually written bowel and bladder retraining program.	1	0.7	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	43	29.3	40.5	39.1
Completely bedfast residents.	30	20.4	3.1	3.2
Residents confined to chairs.	67	45.6	52.8	52.3
Residents requiring restraints.	41	27.9	42.2	40.4
Confused or disoriented residents.	85	57.8	60.2	58.6
Residents with bed sores.	5	3.4	7.4	7.6
Residents receiving special skin care.	38	25.9	28.3	31.4

LOGAN, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050 F060 F064 F084 F085* F098 F099 F100
F101 F102 F105 F107 F114 F116 F125* F126
F127* F128* F129* F131* F132* F134 F135 F139
F167* F168* F169 F170 F171 F173* F174 F175
F180 F194 F199 F217 F232 F236 F252 F255
F257 F259 F260 F261 F262 F263 F273 F286
F297 F321 F323 F340* F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ARBORS AT LONDON

Street Address: 218 ELM ST		**City and State:** LONDON, OH 43140	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
92	12	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	94.6	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	80	87.0	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	56	60.9	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	60.9	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	71.7	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	22.8	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	29	31.5	52.8	52.3
Residents requiring restraints.	32	34.8	42.2	40.4
Confused or disoriented residents.	78	84.8	60.2	58.6
Residents with bed sores.	6	6.5	7.4	7.6
Residents receiving special skin care.	9	9.8	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F098 F099 F100 F101 F119 F124 F125* F126
F236 F260 F263 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MADISON COUNTY HOSPITAL INC

Street Address: 210 N MAIN ST		**City and State:** LONDON, OH 43140	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 109	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
10	2	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	9	90.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	10	100	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	10	100	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	100	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	100	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	3	30.0	40.5	39.1
Completely bedfast residents.	1	10.0	3.1	3.2
Residents confined to chairs.	3	30.0	52.8	52.3
Residents requiring restraints.	7	70.0	42.2	40.4
Confused or disoriented residents.	8	80.0	60.2	58.6
Residents with bed sores.	3	30.0	7.4	7.6
Residents receiving special skin care.	5	50.0	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LONDON, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F180 F189 F190 F191* F199 F222 F223
F224 F261 F263 F292 F294 F328 F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ANCHOR LODGE NH

Street Address:
3756 W ERIE AVE

City and State:
LORAIN, OH 44053

Participation:
MEDICAID ICF

# of Beds:
103

Type of Ownership:
PROPRIETARY

Survey Date:
04/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
95

Medicare Residents:
0

Medicaid Residents:
29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	89.5	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	95	100	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	64	67.4	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	47.4	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	64.2	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	95	100	33.4	30.4
Completely bedfast residents.	1	1.1	1.7	2.8
Residents confined to chairs.	30	31.6	40.0	40.9
Residents requiring restraints.	40	42.1	36.2	30.9
Confused or disoriented residents	58	61.1	60.6	55.4
Residents with bed sores.	4	4.2	4.9	4.8
Residents receiving special skin care.	29	30.5	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F261

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AUTUMN AEGIS NURSING HOME

Street Address: 3905 OBERLIN AVE		**City and State:** LORAIN, OH 44053	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	95.8	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	93	96.9	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	78	81.3	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	77.1	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	53.1	63.9	59.1
Residents on individually written bowel and bladder retraining program.	8	8.3	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	27.1	33.4	30.4
Completely bedfast residents.	2	2.1	1.7	2.8
Residents confined to chairs.	35	36.5	40.0	40.9
Residents requiring restraints.	24	25.0	36.2	30.9
Confused or disoriented residents.	72	75.0	60.6	55.4
Residents with bed sores.	1	1.0	4.9	4.8
Residents receiving special skin care.	23	24.0	22.9	23.5

LORAIN, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F196* F260 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LORAIN MANOR NURSING HOME

Street Address: 1882 E 32 ST		**City and State:** LORAIN, OH 44055	
Participation: MEDICAID ICF	**# of Beds:** 76	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/22/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
75	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	70.7	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	44	58.7	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	33	44.0	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	72.0	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	49.3	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	32.0	33.4	30.4
Completely bedfast residents.	11	14.7	1.7	2.8
Residents confined to chairs.	17	22.7	40.0	40.9
Residents requiring restraints.	31	41.3	36.2	30.9
Confused or disoriented residents.	61	81.3	60.6	55.4
Residents with bed sores.	31	41.3	4.9	4.8
Residents receiving special skin care.	9	12.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OAK HILLS NURSING CENTER

Street Address: 3650 BEAVERCREST DR		**City and State:** LORAIN, OH 44053	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	9	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	91.8	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	86	87.8	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	74	75.5	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	75.5	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	73.5	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	29.6	40.5	39.1
Completely bedfast residents.	3	3.1	3.1	3.2
Residents confined to chairs.	59	60.2	52.8	52.3
Residents requiring restraints.	27	27.6	42.2	40.4
Confused or disoriented residents.	58	59.2	60.2	58.6
Residents with bed sores.	8	8.2	7.4	7.6
Residents receiving special skin care.	42	42.9	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED [illegible] THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100 F101 F119 F126 F127* F128* F132* F139
F167* F168* F170 F182 F196* F207 F242* F260
F262 F263 F321 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OHIO EXTENDED CARE CENTER

Street Address: 3364 KOLBE RD		**City and State:** LORAIN, OH 44053	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 212	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 203	**Medicare Residents:** 14	**Medicaid Residents:** 117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	178	87.7	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	195	96.1	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	181	89.2	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	198	97.5	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	159	78.3	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	76	37.4	40.5	39.1
Completely bedfast residents.	10	4.9	3.1	3.2
Residents confined to chairs.	179	88.2	52.8	52.3
Residents requiring restraints.	144	70.9	42.2	40.4
Confused or disoriented residents.	128	63.1	60.2	58.6
Residents with bed sores.	10	4.9	7.4	7.6
Residents receiving special skin care.	84	41.4	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F084 F097 F100 F102 F126 F131* F132*
F134 F135 F170 F172 F173* F174 F175 F176
F191* F194 F195 F196* F260 F263 F294 F321
F332* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COLONIAL MANOR HEALTH CARE CENTER INC

Street Address:		**City and State:**	
747 S MT VERNON AVE		LOUDONVILLE, OH 44842	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	08/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
77	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	70.1	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	61	79.2	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	55	71.4	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	100	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	58.4	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	34	44.2	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	26	33.8	52.8	52.3
Residents requiring restraints.	28	36.4	42.2	40.4
Confused or disoriented residents.	48	62.3	60.2	58.6
Residents with bed sores.	1	1.3	7.4	7.6
Residents receiving special skin care.	25	32.5	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	NOT MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F286 F287 F322* F332* F358 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LOUDONVILLE NURSING HOME

Street Address: 205 N WATER ST	**City and State:** LOUDONVILLE, OH 44842

Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/29/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
25	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	72.0	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	18	72.0	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	18	72.0	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	64.0	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	64.0	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	5	20.0	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	6	24.0	40.0	40.9
Residents requiring restraints.	5	20.0	36.2	30.9
Confused or disoriented residents.	5	20.0	60.6	55.4
Residents with bed sores.	1	4.0	4.9	4.8
Residents receiving special skin care.	10	40.0	22.9	23.5

LOUDONVILLE, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F066 F135 F169 F199 F223 F224 F236 F250
F294 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
JOSPEH T NIST GERIATRIC NURSING HOME

Street Address: 7770 COLUMBUS RD NE	**City and State:** LOUISVILLE, OH 44641

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 248	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/12/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 248	**Medicare Residents:** 27	**Medicaid Residents:** 177

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	190	76.6	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	214	86.3	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	193	77.8	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	184	74.2	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	183	73.8	68.6	69.4
Residents on individually written bowel and bladder retraining program.	4	1.6	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	101	40.7	40.5	39.1
Completely bedfast residents.	6	2.4	3.1	3.2
Residents confined to chairs.	173	69.8	52.8	52.3
Residents requiring restraints.	129	52.0	42.2	40.4
Confused or disoriented residents.	119	48.0	60.2	58.6
Residents with bed sores.	30	12.1	7.4	7.6
Residents receiving special skin care.	151	60.9	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F131* F134 F174 F176 F296 F321 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MAPLEVIEW CARE CENTER

Street Address: 4466 LYNNHAVEN AVE NE		**City and State:** LOUISVILLE, OH 44641	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/31/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	97.9	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	37	77.1	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	32	66.7	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	93.8	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	60.4	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	17	35.4	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	21	43.8	40.0	40.9
Residents requiring restraints.	19	39.6	36.2	30.9
Confused or disoriented residents.	30	62.5	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	0	0.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LOUISVILLE, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F131* F170 F250 F286 F289 F297

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARCELLE NURSING HOME

Street Address: 7121 W ST FRANCIS ST		**City and State:** LOUISVILLE, OH 44641	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	85.1	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	42	89.4	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	28	59.6	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	70.2	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	78.7	63.9	59.1
Residents on individually written bowel and bladder retraining program.	24	51.1	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	31	66.0	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	21	44.7	40.0	40.9
Residents requiring restraints.	21	44.7	36.2	30.9
Confused or disoriented residents.	34	72.3	60.6	55.4
Residents with bed sores.	5	10.6	4.9	4.8
Residents receiving special skin care.	18	38.3	22.9	23.5

LOUISVILLE, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LOUISVILLE, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F132* F134 F199 F261 F283 F289 F296
F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MILLER CARE CENTER

Street Address: 11701 LOUISVILLE ST NE	**City and State:** LOUISVILLE, OH 44641

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/30/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	71.7	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	35	76.1	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	31	67.4	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	100	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	67.4	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	19.6	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	11	23.9	40.0	40.9
Residents requiring restraints.	11	23.9	36.2	30.9
Confused or disoriented residents.	44	95.7	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	4	8.7	22.9	23.5

LOUISVILLE, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F100 F131* F134 F170 F174 F176 F261
F286 F287 F289 F294 F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MOLLY STARK HOSPITAL

Street Address: 7900 COLUMBUS RD NE		**City and State:** LOUISVILLE, OH 44641	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 137	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 08/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
22	3	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	95.5	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	21	95.5	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	21	95.5	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	95.5	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	95.5	68.6	69.4
Residents on individually written bowel and bladder retraining program.	1	4.5	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	21	95.5	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	21	95.5	52.8	52.3
Residents requiring restraints.	20	90.9	42.2	40.4
Confused or disoriented residents.	2	9.1	60.2	58.6
Residents with bed sores.	5	22.7	7.4	7.6
Residents receiving special skin care.	18	81.8	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F135 F293* F340* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST JOSEPH HOSPICE

Street Address: 2308 RENO DR		**City and State:** LOUISVILLE, OH 44641	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	94.7	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	84	88.4	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	71	74.7	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	100	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	63.2	63.9	59.1
Residents on individually written bowel and bladder retraining program.	29	30.5	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	35.8	33.4	30.4
Completely bedfast residents.	2	2.1	1.7	2.8
Residents confined to chairs.	67	70.5	40.0	40.9
Residents requiring restraints.	59	62.1	36.2	30.9
Confused or disoriented residents.	66	69.5	60.6	55.4
Residents with bed sores.	13	13.7	4.9	4.8
Residents receiving special skin care.	19	20.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F170

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
LOVELAND HEALTH CARE CTR

Street Address: 501 N 2ND ST		**City and State:** LOVELAND, OH 45140	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 109	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
105	10	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	87.6	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	93	88.6	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	89	84.8	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	88.6	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	84.8	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	32.4	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	80	76.2	52.8	52.3
Residents requiring restraints.	27	25.7	42.2	40.4
Confused or disoriented residents.	55	52.4	60.2	58.6
Residents with bed sores.	6	5.7	7.4	7.6
Residents receiving special skin care.	26	24.8	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LOVELAND, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F126 F128* F134 F170 F260 F263 F330
F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EDGEWOOD MANOR OF LUCASVILLE II INC

Street Address: RT 104 & BEARCREEK RD PO BOX 789		**City and State:** LUCASVILLE, OH 45648	
Participation: MEDICAID ICF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
71	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	76.1	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	60	84.5	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	44	62.0	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	57.7	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	62.0	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	17	23.9	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	13	18.3	40.0	40.9
Residents requiring restraints.	11	15.5	36.2	30.9
Confused or disoriented residents.	49	69.0	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	0	0.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	NOT MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LUCASVILLE, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F052* F073* F091* F105 F126 F135 F170 F173*
F174 F199 F242* F250 F255 F257 F263 F264
F294 F297 F318

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EDGEWOOD MANOR OF LUCASVILLE INC

Street Address: RTE 104 AND BEAR CREEK RD P O BOX 789		**City and State:** LUCASVILLE, OH 45648	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	6	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	90.4	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	86	91.5	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	71	75.5	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	76.6	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	77.7	68.6	69.4
Residents on individually written bowel and bladder retraining program.	2	2.1	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	39.4	40.5	39.1
Completely bedfast residents.	3	3.2	3.1	3.2
Residents confined to chairs.	31	33.0	52.8	52.3
Residents requiring restraints.	31	33.0	42.2	40.4
Confused or disoriented residents.	62	66.0	60.2	58.6
Residents with bed sores.	5	5.3	7.4	7.6
Residents receiving special skin care.	23	24.5	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F134 F135 F170 F219 F220 F252 F324*
F332* F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BROADFIELD MANOR NURSING CONV HME

Street Address: 7927 MIDDLE RIDGE RD		**City and State:** MADISON, OH 44057	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 142	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
89	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	74.2	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	80	89.9	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	76	85.4	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	78.7	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	85.4	68.6	69.4
Residents on individually written bowel and bladder retraining program.	7	7.9	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	41	46.1	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	69	77.5	52.8	52.3
Residents requiring restraints.	44	49.4	42.2	40.4
Confused or disoriented residents.	28	31.5	60.2	58.6
Residents with bed sores.	13	14.6	7.4	7.6
Residents receiving special skin care.	44	49.4	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F196* F206 F210 F261 F263 F274 F288
F293* F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
INN MADISON HEALTH CENTER

Street Address: 6831 CHAPEL ROAD		**City and State:** MADISON, OH 44057	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
114	6	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	106	93.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	101	88.6	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	92	80.7	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet	92	80.7	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	56.1	68.6	69.4
Residents on individually written bowel and bladder retraining program.	6	5.3	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	41	36.0	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	95	83.3	52.8	52.3
Residents requiring restraints.	38	33.3	42.2	40.4
Confused or disoriented residents.	84	73.7	60.2	58.6
Residents with bed sores.	4	3.5	7.4	7.6
Residents receiving special skin care.	4	3.5	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

MADISON, OH

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F170 F196*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MADISON HEALTH CARE INC

Street Address: 7600 S RIDGE RD	**City and State:** MADISON, OH 44057

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/19/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 16	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	6.3	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	1	6.3	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	0	0.0	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	25.0	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	0	0.0	52.8	52.3
Residents requiring restraints.	0	0.0	42.2	40.4
Confused or disoriented residents.	2	12.5	60.2	58.6
Residents with bed sores.	0	0.0	7.4	7.6
Residents receiving special skin care.	2	12.5	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MADISON, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F133* F134 F139 F167* F168* F169 F170
F181* F234 F235 F236 F237* F240 F241 F242*
F243 F244 F274 F288 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PARMITER NURSING HOME

Street Address: 800 N MAIN ST	**City and State:** MALTA, OH 43758

Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/20/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
25	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	100	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	23	92.0	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	17	68.0	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	96.0	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	84.0	63.9	59.1
Residents on individually written bowel and bladder retraining program.	9	36.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	15	60.0	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	18	72.0	40.0	40.9
Residents requiring restraints.	11	44.0	36.2	30.9
Confused or disoriented residents.	18	72.0	60.6	55.4
Residents with bed sores.	2	8.0	4.9	4.8
Residents receiving special skin care.	3	12.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MALTA, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F095 F096 F104 F105 F119 F127* F131* F132*
F168* F169 F170 F223 F224 F242* F256 F260
F261 F263 F283 F287 F295 F297 F304 F305
F306 F308 F309 F310 F313* F314 F319 F332*
F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CHENITA NURSING HOME NUMBER TWO

Street Address: 111 S DIAMOND ST		**City and State:** MANSFIELD, OH 44903	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	65.3	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	27	55.1	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	9	18.4	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	42.9	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	20.4	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	1	2.0	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	5	10.2	40.0	40.9
Residents requiring restraints.	5	10.2	36.2	30.9
Confused or disoriented residents.	15	30.6	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	6	12.2	22.9	23.5

MANSFIELD, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F089 F242* F278 F284 F287 F294 F312
F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CHENITA NURSING HOME 1

Street Address: 245 W 4TH ST		**City and State:** MANSFIELD, OH 44902	
Participation: MEDICAID ICF	**# of Beds:** 13	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
13	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	30.8	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	4	30.8	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	0	0.0	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	15.4	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	0	0.0	40.0	40.9
Residents requiring restraints.	0	0.0	36.2	30.9
Confused or disoriented residents.	1	7.7	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	1	7.7	22.9	23.5

MANSFIELD, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F242* F283 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GERIATRIC CENTER OF MANSFIELD

Street Address: 50 BLYMER AVE		**City and State:** MANSFIELD, OH 44901	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
65	15	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	70.8	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	49	75.4	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	38	58.5	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	95.4	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	67.7	68.6	69.4
Residents on individually written bowel and bladder retraining program.	8	12.3	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	12	18.5	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	30	46.2	52.8	52.3
Residents requiring restraints.	24	36.9	42.2	40.4
Confused or disoriented residents.	37	56.9	60.2	58.6
Residents with bed sores.	6	9.2	7.4	7.6
Residents receiving special skin care.	29	44.6	28.3	31.4

MANSFIELD, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F130 F131* F132* F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GRIFFETH NURSING HOME ONE

Street Address: VANDERBILT RD RR7		**City and State:** MANSFIELD, OH 44904	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	100	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	41	83.7	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	27	55.1	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	55.1	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	55.1	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	51.0	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	15	30.6	40.0	40.9
Residents requiring restraints.	21	42.9	36.2	30.9
Confused or disoriented residents.	31	63.3	60.6	55.4
Residents with bed sores.	1	2.0	4.9	4.8
Residents receiving special skin care.	4	8.2	22.9	23.5

MANSFIELD, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F064 F097 F105 F132* F134 F260 F289
F293* F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MCCAULLEY CARE CENTER

Street Address: 1670 CRIDER ROAD		**City and State:** MANSFIELD, OH 44903	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	64.9	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	67	90.5	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	42	56.8	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	58.1	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	54.1	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	32.4	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	40	54.1	40.0	40.9
Residents requiring restraints.	19	25.7	36.2	30.9
Confused or disoriented residents.	28	37.8	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	38	51.4	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F131* F170 F174 F176 F199 F242* F260
F261 F263

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MIFFLIN CARE CENTER

Street Address:
1606 CRIDER RD

City and State:
MANSFIELD, OH 44903

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
100

Type of Ownership:
PROPRIETARY

Survey Date:
09/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
2

Medicare Residents:
1

Medicaid Residents:
0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	2	100	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	2	100	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	2	100	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	100	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	1	50.0	52.8	52.3
Residents requiring restraints.	1	50.0	42.2	40.4
Confused or disoriented residents.	2	100	60.2	58.6
Residents with bed sores.	0	0.0	7.4	7.6
Residents receiving special skin care.	1	50.0	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F210 F274 F277 F286 F295 F298 F309
F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROSEMONT NURSING HOME

Street Address: 1159 WYANDOTTE AVE		**City and State:** MANSFIELD, OH 44906	
Participation: MEDICAID ICF	**# of Beds:** 24	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/29/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
22	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	90.9	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	20	90.9	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	15	68.2	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	68.2	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	77.3	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	22.7	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	3	13.6	40.0	40.9
Residents requiring restraints.	9	40.9	36.2	30.9
Confused or disoriented residents.	20	90.9	60.6	55.4
Residents with bed sores.	1	4.5	4.9	4.8
Residents receiving special skin care.	2	9.1	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F100 F101 F105 F126 F134 F168* F169
F170 F172 F173* F176 F177 F178 F180 F181*
F182 F236 F242* F244 F257 F260 F263 F264
F277 F283 F287 F294 F330 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WOODLAWN NURSING HOME

Street Address: 535 LEXINGON AVE		**City and State:** MANSFIELD, OH 44907	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 155	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/10/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 145	**Medicare Residents:** 1	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	60.7	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	111	76.6	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	89	61.4	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	69.7	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	53.8	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	43	29.7	40.5	39.1
Completely bedfast residents.	5	3.4	3.1	3.2
Residents confined to chairs.	81	55.9	52.8	52.3
Residents requiring restraints.	48	33.1	42.2	40.4
Confused or disoriented residents.	66	45.5	60.2	58.6
Residents with bed sores.	4	2.8	7.4	7.6
Residents receiving special skin care.	7	4.8	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	NOT MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F050 F051* F052* F080* F084 F098 F099 F100
F101 F102 F110 F116 F120 F131* F134 F135
F167* F168* F169 F170 F171 F172 F173* F174
F175 F176 F177 F178 F206 F224 F244 F250
F260 F261 F263 F293* F313* F332* F343 F344
F345* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MAPLE CARE CENTER

Street Address: 16231 BROADWAY		**City and State:** MAPLE HEIGHTS, OH 44137	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
10	10	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	100	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	10	100	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	10	100	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	100	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	100	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	9	90.0	40.5	39.1
Completely bedfast residents.	3	30.0	3.1	3.2
Residents confined to chairs.	8	80.0	52.8	52.3
Residents requiring restraints.	9	90.0	42.2	40.4
Confused or disoriented residents.	10	100	60.2	58.6
Residents with bed sores.	5	50.0	7.4	7.6
Residents receiving special skin care.	10	100	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MAPLE HEIGHTS, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F102 F134 F170 F274 F288 F293* F298
F333 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
PEDONE NURSING CENTER

Street Address: 19900 CLARE AVE		**City and State:** MAPLE HEIGHTS, OH 44137	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	1	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	75.3	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	78	83.9	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	67	72.0	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	64.5	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	69.9	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	26.9	40.5	39.1
Completely bedfast residents.	2	2.2	3.1	3.2
Residents confined to chairs.	47	50.5	52.8	52.3
Residents requiring restraints.	40	43.0	42.2	40.4
Confused or disoriented residents.	48	51.6	60.2	58.6
Residents with bed sores.	12	12.9	7.4	7.6
Residents receiving special skin care.	17	18.3	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F084 F132* F133* F167* F168* F169 F170
F191* F206 F234 F235 F236 F237* F260 F261
F263 F264 F298

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ARBORS AT MARIETTA,THE

Street Address: 400 SEVENTH STT	**City and State:** MARIETTA, OH 45750

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 174	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 128	**Medicare Residents:** 16	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	83.6	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	115	89.8	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	105	82.0	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	73.4	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	78.9	68.6	69.4
Residents on individually written bowel and bladder retraining program.	3	2.3	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	50	39.1	40.5	39.1
Completely bedfast residents.	1	0.8	3.1	3.2
Residents confined to chairs.	65	50.8	52.8	52.3
Residents requiring restraints.	66	51.6	42.2	40.4
Confused or disoriented residents.	78	60.9	60.2	58.6
Residents with bed sores.	8	6.3	7.4	7.6
Residents receiving special skin care.	7	5.5	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MARIETTA, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F128* F130 F133* F167* F168* F169 F170
F173* F180 F196* F242* F260 F261 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEARTLAND OF MARIETTA

Street Address: RT 60 DEVOLA		**City and State:** MARIETTA, OH 45750	
Participation: MEDICAID ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	77.7	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	88	93.6	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	73	77.7	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	74.5	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	69.1	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	33	35.1	33.4	30.4
Completely bedfast residents.	1	1.1	1.7	2.8
Residents confined to chairs.	69	73.4	40.0	40.9
Residents requiring restraints.	52	55.3	36.2	30.9
Confused or disoriented residents.	66	70.2	60.6	55.4
Residents with bed sores.	4	4.3	4.9	4.8
Residents receiving special skin care.	34	36.2	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100 F135 F170 F174 F175 F176 F191* F199
F210 F224 F285 F287 F296 F297 F332* F353
F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARIE ANTOINETTE PAVILLION,THE

Street Address: 355 PUTNAM AVE		**City and State:** MARIETTA, OH 45750	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/15/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	89.4	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	43	91.5	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	43	91.5	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	78.7	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	85.1	63.9	59.1
Residents on individually written bowel and bladder retraining program.	1	2.1	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	29.8	33.4	30.4
Completely bedfast residents.	5	10.6	1.7	2.8
Residents confined to chairs.	26	55.3	40.0	40.9
Residents requiring restraints.	12	25.5	36.2	30.9
Confused or disoriented residents.	30	63.8	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	1	2.1	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/38	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F250 F263 F287 F293* F308 F309 F310
F313* F328 F332* F346 F353 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARIETTA CONV CTR

Street Address: 117 BARTLETT ST		**City and State:** MARIETTA, OH 45750	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 0	**Medicaid Residents:** 87

Caution: A large number of residents with those characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	84.6	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	111	94.9	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	80	68.4	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	94.0	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	61.5	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	39	33.3	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	38	32.5	40.0	40.9
Residents requiring restraints.	47	40.2	36.2	30.9
Confused or disoriented residents.	74	63.2	60.6	55.4
Residents with bed sores.	9	7.7	4.9	4.8
Residents receiving special skin care.	9	7.7	22.9	23.5

MARIETTA, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F131* F135 F169 F170 F174 F175 F236 F260
F261 F263 F285 F287 F289 F297 F309 F313*
F332* F333 F346 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AMERICARE-MARION NURSING AND REHAB CTR

Street Address: 524 JAMES WAY		**City and State:** MARION, OH 43302	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	11	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	78.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	83	83.0	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	76	76.0	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	74.0	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	65.0	68.6	69.4
Residents on individually written bowel and bladder retraining program.	11	11.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	25	25.0	40.5	39.1
Completely bedfast residents.	4	4.0	3.1	3.2
Residents confined to chairs.	42	42.0	52.8	52.3
Residents requiring restraints.	49	49.0	42.2	40.4
Confused or disoriented residents.	57	57.0	60.2	58.6
Residents with bed sores.	8	8.0	7.4	7.6
Residents receiving special skin care.	25	25.0	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F206 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
COMMUNITY NURSING CENTER

Street Address: 175 COMMUNITY DR		**City and State:** MARION, OH 43302	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 109	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
108	5	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	68.5	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	85	78.7	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	72	66.7	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	65.7	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	68.5	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	62	57.4	40.5	39.1
Completely bedfast residents.	4	3.7	3.1	3.2
Residents confined to chairs.	32	29.6	52.8	52.3
Residents requiring restraints.	39	36.1	42.2	40.4
Confused or disoriented residents.	80	74.1	60.2	58.6
Residents with bed sores.	5	4.6	7.4	7.6
Residents receiving special skin care.	27	25.0	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MARION, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117 F119 F126 F130 F134 F170 F172 F173*
F174 F175 F176 F177 F178 F199 F242* F244
F261 F263 F288 F293* F297 F321 F332* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EAST LAWN MANOR

Street Address: 1422 MT VERNON AVE		**City and State:** MARION, OH 43302	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 139	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
132	1	103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	85.6	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	94	71.2	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	90	68.2	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	72.7	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	68.2	68.6	69.4
Residents on individually written bowel and bladder retraining program.	8	6.1	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	49	37.1	40.5	39.1
Completely bedfast residents.	3	2.3	3.1	3.2
Residents confined to chairs.	101	76.5	52.8	52.3
Residents requiring restraints.	31	23.5	42.2	40.4
Confused or disoriented residents.	87	65.9	60.2	58.6
Residents with bed sores.	1	0.8	7.4	7.6
Residents receiving special skin care.	24	18.2	28.3	31.4

MARION, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ilecstomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MARION, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F072 F113 F119 F127* F170 F199 F236 F258
F260 F263 F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HILLSIDE NURSING HOME

Street Address: 333 N PROSPECT ST

City and State: MARION, OH 43302

Participation: MEDICAID ICF

# of Beds: 24

Type of Ownership: PROPRIETARY

Survey Date: 06/14/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 22

Medicare Residents: 0

Medicaid Residents: 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	9	40.9	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	8	36.4	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	8	36.4	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	18.2	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	36.4	63.9	59.1
Residents on individually written bowel and bladder retraining program.	5	22.7	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	4.5	33.4	30.4
Completely bedfast residents.	1	4.5	1.7	2.8
Residents confined to chairs.	0	0.0	40.0	40.9
Residents requiring restraints.	5	22.7	36.2	30.9
Confused or disoriented residents.	9	40.9	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	3	13.6	22.9	23.5

MARION, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MARION, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F074 F075 F102 F127* F199 F226 F227 F260
F261 F283 F293* F296 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MAPLEWOOD NURSING CENTER INC

Street Address: 409 BELLFONTAINE AVENUE		**City and State:** MARION, OH 43302	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	3	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	53.2	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	38	80.9	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	34	72.3	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	72.3	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	74.5	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	27.7	40.5	39.1
Completely bedfast residents.	1	2.1	3.1	3.2
Residents confined to chairs.	22	46.8	52.8	52.3
Residents requiring restraints.	19	40.4	42.2	40.4
Confused or disoriented residents.	32	68.1	60.2	58.6
Residents with bed sores.	0	0.0	7.4	7.6
Residents receiving special skin care.	10	21.3	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F173* F263 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARION MANOR NURSING HOME INC

Street Address: 195 EXECUTIVE DR		**City and State:** MARION, OH 43302	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	4	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	76.3	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	82	84.5	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	66	68.0	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	77.3	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	56.7	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings cr requiring assistance with eating.	28	28.9	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	48	49.5	52.8	52.3
Residents requiring restraints.	42	43.3	42.2	40.4
Confused or disoriented residents.	42	43.3	60.2	58.6
Residents with bed sores.	3	3.1	7.4	7.6
Residents receiving special skin care.	4	4.1	28.3	31.4

MARION, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F116 F118 F119 F126 F194 F197 F199 F260
F261 F263 F264 F277 F313* F325 F331 F332*
F333 F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MORNINGVIEW CARE CENTER OF MARION

Street Address: 677 W MARION CARDINGTON RD		**City and State:** MARION, OH 43302	
Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/17/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	83.3	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	26	86.7	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	14	46.7	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	76.7	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	66.7	63.9	59.1
Residents on individually written bowel and bladder retraining program.	4	13.3	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	30.0	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	4	13.3	40.0	40.9
Residents requiring restraints.	7	23.3	36.2	30.9
Confused or disoriented residents.	7	23.3	60.6	55.4
Residents with bed sores.	2	6.7	4.9	4.8
Residents receiving special skin care.	8	26.7	22.9	23.5

MARION, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F199 F260 F282 F283 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EAST OHIO REGIONAL HOSP LTC UNIT

Street Address: 90 N 4 STT		**City and State:** MARTINS FERRY, OH 43935	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/25/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
73	6	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	89.0	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	62	84.9	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	66	90.4	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	95.9	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	76.7	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	49.3	40.5	39.1
Completely bedfast residents.	4	5.5	3.1	3.2
Residents confined to chairs.	43	58.9	52.8	52.3
Residents requiring restraints.	31	42.5	42.2	40.4
Confused or disoriented residents.	34	46.6	60.2	58.6
Residents with bed sores.	4	5.5	7.4	7.6
Residents receiving special skin care.	13	17.8	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1313	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F180 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VALLEY VIEW NURSING HOME

Street Address: 56143 COLERAIN PK		**City and State:** MARTINS FERRY, OH 43935	
Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
23	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	95.7	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	23	100	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	20	87.0	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	91.3	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	95.7	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	23	100	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	3	13.0	40.0	40.9
Residents requiring restraints.	17	73.9	36.2	30.9
Confused or disoriented residents.	22	95.7	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	0	0.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MARTINS FERRY, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F127* F135 F196* F198 F263 F282 F283
F285 F289 F294 F328 F332* F346 F353 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEARTLAND OF MARYSVILLE

Street Address: 755 S PLUM ST		**City and State:** MARYSVILLE, OH 43040	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	9	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	81.8	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	91	91.9	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	79	79.8	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	100	76.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	76.8	68.6	69.4
Residents on individually written bowel and bladder retraining program.	2	2.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	32	32.3	40.5	39.1
Completely bedfast residents.	1	1.0	3.1	3.2
Residents confined to chairs.	43	43.4	52.8	52.3
Residents requiring restraints.	30	30.3	42.2	40.4
Confused or disoriented residents.	64	64.6	60.2	58.6
Residents with bed sores.	5	5.1	7.4	7.6
Residents receiving special skin care.	72	72.7	28.3	31.4

MARYSVILLE, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MARYSVILLE, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F199 F206 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MILCREST NURSING CENTER

Street Address: 730 MILCREST DR		**City and State:** MARYSVILLE, OH 43040	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	3	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	97.8	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	42	91.3	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	42	91.3	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	82.6	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	91.3	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	56.5	40.5	39.1
Completely bedfast residents.	2	4.3	3.1	3.2
Residents confined to chairs.	22	47.8	52.8	52.3
Residents requiring restraints.	12	26.1	42.2	40.4
Confused or disoriented residents.	36	78.3	60.2	58.6
Residents with bed sores.	1	2.2	7.4	7.6
Residents receiving special skin care.	15	32.6	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MARYSVILLE, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F140 F170 F180 F197 F199 F206 F219 F236
F257 F260 F264 F293* F294 F305 F320 F321
F323 F324* F332* F341 F342 F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
UNION MANOR

Street Address: 18000 S R 4		**City and State:** MARYSVILLE, OH 43040	
Participation: MEDICAID ICF	**# of Beds:** 112	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/09/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
107	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	100	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	75	70.1	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	67	62.6	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	76.6	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	58.9	63.9	59.1
Residents on individually written bowel and bladder retraining program.	17	15.9	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	32	29.9	33.4	30.4
Completely bedfast residents.	1	0.9	1.7	2.8
Residents confined to chairs.	49	45.8	40.0	40.9
Residents requiring restraints.	46	43.0	36.2	30.9
Confused or disoriented residents.	95	88.8	60.6	55.4
Residents with bed sores.	19	17.8	4.9	4.8
Residents receiving special skin care.	92	86.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F099 F100 F101 F125* F126 F127* F128* F129*
F130 F134 F135 F172 F173* F174 F175 F176
F177 F178 F180 F181* F182 F190 F191* F194
F199 F242* F260 F261 F282 F289 F294 F325
F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ALTERCARE OF MASON

Street Address: 5640 COX SMITH RD BOX 286		**City and State:** MASON, OH 45040	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	89.8	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	39	79.6	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	36	73.5	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	67.3	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	38.8	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	16	32.7	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	15	30.6	40.0	40.9
Residents requiring restraints.	14	28.6	36.2	30.9
Confused or disoriented residents.	29	59.2	60.6	55.4
Residents with bed sores.	1	2.0	4.9	4.8
Residents receiving special skin care.	15	30.6	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MASON, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F064 F134 F170 F176 F242* F260 F282
F283 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HANOVER HOUSE INC

Street Address: 435 AVIS AVE	**City and State:** MASSILLON, OH 44646

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 200	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/26/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 191	**Medicare Residents:** 17	**Medicaid Residents:** 106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	191	100	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	158	82.7	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	141	73.8	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	70.7	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	106	55.5	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	75	39.3	40.5	39.1
Completely bedfast residents.	1	0.5	3.1	3.2
Residents confined to chairs.	84	44.0	52.8	52.3
Residents requiring restraints.	109	57.1	42.2	40.4
Confused or disoriented residents.	76	39.8	60.2	58.6
Residents with bed sores.	4	2.1	7.4	7.6
Residents receiving special skin care.	54	28.3	28.3	31.4

MASSILLON, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	NOT MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An on-going program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MASSILLON, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F091* F130 F131* F170 F174 F176 F210 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HOSPITALITY HOUSE

Street Address: 205 ROHR AVE NW		**City and State:** MASSILLON, OH 44646	
Participation: MEDICAID ICF	**# of Beds:** 28	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/09/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
28	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	96.4	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	27	96.4	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	24	85.7	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	78.6	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	82.1	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	42.9	33.4	30.4
Completely bedfast residents.	1	3.6	1.7	2.8
Residents confined to chairs.	16	57.1	40.0	40.9
Residents requiring restraints.	11	39.3	36.2	30.9
Confused or disoriented residents.	18	64.3	60.6	55.4
Residents with bed sores.	1	3.6	4.9	4.8
Residents receiving special skin care.	5	17.9	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F254 F255 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MEADOW WIND HEALTH CARE CENTER

Street Address: 300 23RD ST NE		**City and State:** MASSILLON, OH 44646	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/25/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	10	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	93.9	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	86	87.8	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	70	71.4	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	79.6	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	60.2	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	32	32.7	40.5	39.1
Completely bedfast residents.	2	2.0	3.1	3.2
Residents confined to chairs.	52	53.1	52.6	52.3
Residents requiring restraints.	38	38.8	42.2	40.4
Confused or disoriented residents.	70	71.4	60.2	58.6
Residents with bed sores.	3	3.1	7.4	7.6
Residents receiving special skin care.	91	92.9	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F260 F346 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ROSE LANE HEALTH CENTER

Street Address: 5425 HIGH MILL AVE NW		**City and State:** MASSILLON, OH 44646	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 187	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
179	16	132

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	146	81.6	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	152	84.9	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	136	76.0	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	70.4	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	120	67.0	68.6	69.4
Residents on individually written bowel and bladder retraining program.	5	2.8	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	23.5	40.5	39.1
Completely bedfast residents.	6	3.4	3.1	3.2
Residents confined to chairs.	100	55.9	52.8	52.3
Residents requiring restraints.	64	35.8	42.2	40.4
Confused or disoriented residents.	100	55.9	60.2	58.6
Residents with bed sores.	25	14.0	7.4	7.6
Residents receiving special skin care.	64	35.8	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F099 F100 F101 F102 F105 F119 F126
F130 F131* F132* F133* F134 F170 F172 F173*
F174 F175 F176 F182 F210 F218* F236 F242*
F244 F250 F286 F287 F313* F346 F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SHALEM REST HOME

Street Address: 906 16TH ST SE		**City and State:** MASSILLON, OH 44646	
Participation: MEDICAID ICF	**# of Beds:** 19	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
18	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	66.7	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	12	66.7	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	1	5.6	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	38.9	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	11.1	63.9	59.1
Residents on individually written bowel and bladder retraining program.	2	11.1	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	1	5.6	40.0	40.9
Residents requiring restraints.	1	5.6	36.2	30.9
Confused or disoriented residents.	1	5.6	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	4	22.2	22.9	23.5

MASSILLON, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F105 F170 F237* F264 F283 F286 F330
F358 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WALNUT HILLS CARE CENTER INC

Street Address: 1236 HURON RD SE		**City and State:** MASSILLON, OH 44646	
Participation: MEDICAID ICF	**# of Beds:** 23	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	43.5	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	10	43.5	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	10	43.5	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	56.5	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	52.2	63.9	59.1
Residents on individually written bowel and bladder retraining program.	3	13.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	4	17.4	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	0	0.0	40.0	40.9
Residents requiring restraints.	0	0.0	36.2	30.9
Confused or disoriented residents.	6	26.1	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	3	13.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F076 F101 F170 F250 F260 F283 F286 F294
F330 F358 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
O'BRIEN MEMORIAL NURSING HOME

Street Address: 563 BROOKFIELD AVE SE		**City and State:** MASURY, OH 44438	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 159	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NC

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
149	1	123

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	125	83.9	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	135	90.6	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	122	81.9	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	77.9	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	69.1	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	38	25.5	40.5	39.1
Completely bedfast residents.	4	2.7	3.1	3.2
Residents confined to chairs.	51	34.2	52.8	52.3
Residents requiring restraints.	109	73.2	42.2	40.4
Confused or disoriented residents.	102	68.5	60.2	58.6
Residents with bed sores.	5	3.4	7.4	7.6
Residents receiving special skin care.	60	40.3	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F170 F181* F194 F197 F199 F244 F257
F260 F263 F289 F332* F339 F340* F343 F344
F345* F346 F353 F358 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ORANGE VILLAGE CARE CENTER

Street Address: 8055 ADDISON RD SE		**City and State:** MASURY, OH 44438	
Participation: MEDICAID ICF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	92.9	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	69	98.6	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	57	81.4	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	100	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	77.1	63.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	27	38.6	33.4	30.4
Completely bedfast residents.	1	1.4	1.7	2.8
Residents confined to chairs.	30	42.9	40.0	40.9
Residents requiring restraints.	58	82.9	36.2	30.9
Confused or disoriented residents.	49	70.0	60.6	55.4
Residents with bed sores.	6	8.6	4.9	4.8
Residents receiving special skin care.	70	100	22.9	23.5

MASURY, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F101 F126 F127* F170 F216 F217
F218* F241 F242* F244 F261 F277 F287

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ELIZABETH SCOTT MEMORIAL CARE CENTER

Street Address: 2720 ALBON RD		**City and State:** MAUMEE, OH 43537	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/23/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	93.9	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	46	93.9	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	38	77.6	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	69.4	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	57.1	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	21	42.9	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	26	53.1	40.0	40.9
Residents requiring restraints.	24	49.0	36.2	30.9
Confused or disoriented residents.	31	63.3	60.6	55.4
Residents with bed sores.	1	2.0	4.9	4.8
Residents receiving special skin care.	5	10.2	22.9	23.5

MAUMEE, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	NOT MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F170 F176 F196* F199 F209 F210 F237*
F243 F287 F289 F294 F295 F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MANOR CARE CENTER

Street Address:
6757 MAYFIELD RD

City and State:
MAYFIELD HEIGHTS, OH 44124

Participation:
MEDICARE SNF

# of Beds:
150

Type of Ownership:
PROPRIETARY

Survey Date:
03/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
27

Medicare Residents:
25

Medicaid Residents:
0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	100	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	27	100	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	27	100	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	100	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	100	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	88.9	40.5	39.1
Completely bedfast residents.	2	7.4	3.1	3.2
Residents confined to chairs.	22	81.5	52.8	52.3
Residents requiring restraints.	7	25.9	42.2	40.4
Confused or disoriented residents.	27	100	60.2	58.6
Residents with bed sores.	12	44.4	7.4	7.6
Residents receiving special skin care.	3	11.1	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F056 F096 F097 F126 F170 F179 F180
F182 F232 F263

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
RENDEZVOUS MEDI-HOME

Street Address: RT 2 BOX 135		**City and State:** MC DERMOTT, OH 45652	
Participation: MEDICAID ICF	**# of Beds:** 46	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	81.6	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	33	86.8	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	26	68.4	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	81.6	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	36.8	63.9	59.1
Residents on individually written bowel and bladder retraining program.	2	5.3	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	21	55.3	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	22	57.9	40.0	40.9
Residents requiring restraints.	18	47.4	36.2	30.9
Confused or disoriented residents.	17	44.7	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	13	34.2	22.9	23.5

MC DERMOTT, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F170 F263 F285 F289 F328 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
REST HAVEN NURSING HOME

Street Address: PO BOX 156 BARKER ST		**City and State:** MC DERMOTT, OH 45652	
Participation: MEDICAID ICF	**# of Beds:** 23	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
23	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	100	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	23	100	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	23	100	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	100	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	100	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	8	34.8	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	6	26.1	40.0	40.9
Residents requiring restraints.	6	26.1	36.2	30.9
Confused or disoriented residents.	23	100	60.6	55.4
Residents with bed sores.	1	4.3	4.9	4.8
Residents receiving special skin care.	15	65.2	22.9	23.5

MC DERMOTT, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	[illegible]
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	34[illegible]	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F170

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TWIN MAPLES NURSING HOME INC

Street Address: RT 1 S R 93 N		**City and State:** MCARTHUR, OH 45651	
Participation: MEDICAID ICF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	100	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	29	100	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	12	41.4	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	41.4	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	55.2	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	6	20.7	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	4	13.8	40.0	40.9
Residents requiring restraints.	9	31.0	36.2	30.9
Confused or disoriented residents.	14	48.3	60.6	55.4
Residents with bed sores.	1	3.4	4.9	4.8
Residents receiving special skin care.	5	17.2	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MCARTHUR, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F064 F131* F135 F168* F169 F170 F194
F196* F199 F224 F259 F260 F263 F283 F293*
F297 F308 F309 F310 F313* F328 F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MARK REST CENTER

Street Address: 4114 N SR 376 NW		**City and State:** MCCONNELSVILLE, OH 43756	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 151	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/07/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 149	**Medicare Residents:** 2	**Medicaid Residents:** 115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	149	100	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	136	91.3	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	124	83.2	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	133	89.3	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	128	85.9	68.6	69.4
Residents on individually written bowel and bladder retraining program.	4	2.7	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	54	36.2	40.5	39.1
Completely bedfast residents.	5	3.4	3.1	3.2
Residents confined to chairs.	59	39.6	52.8	52.3
Residents requiring restraints.	43	28.9	42.2	40.4
Confused or disoriented residents.	84	56.4	60.2	58.6
Residents with bed sores.	1	0.7	7.4	7.6
Residents receiving special skin care.	11	7.4	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

MCCONNELSVILLE, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F119 F132* F167* F168* F169 F170 F173*
F174 F175 F196* F206 F210 F256 F260 F261
F262 F263 F293* F294 F297 F298 F321 F322*
F332* F342 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MORGAN COUNTY CARE CENTER

Street Address: 856 RIVERSIDE DR		**City and State:** MCCONNELSVILLE, OH 43756	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	80.9	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	43	91.5	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	37	78.7	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	74.5	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	63.8	63.9	59.1
Residents on individually written bowel and bladder retraining program.	12	25.5	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	22	46.8	33.4	30.4
Completely bedfast residents.	2	4.3	1.7	2.8
Residents confined to chairs.	32	68.1	40.0	40.9
Residents requiring restraints.	25	53.2	36.2	30.9
Confused or disoriented residents.	23	48.9	60.6	55.4
Residents with bed sores.	1	2.1	4.9	4.8
Residents receiving special skin care.	8	17.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F132* F134 F135 F170 F172 F173* F174
F260 F261 F263 F287 F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EVERGREEN CARE CENTER

Street Address: 555 SPRINGBROOK DR		**City and State:** MEDINA, OH 44256	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	89.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	69	75.8	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	59	64.8	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	63.7	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	33.0	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	17	18.7	40.5	39.1
Completely bedfast residents.	1	1.1	3.1	3.2
Residents confined to chairs.	53	58.2	52.8	52.3
Residents requiring restraints.	37	40.7	42.2	40.4
Confused or disoriented residents.	31	34.1	60.2	58.6
Residents with bed sores.	1	1.1	7.4	7.6
Residents receiving special skin care.	32	35.2	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F199 F225 F226 F227

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OHIO PYTHIAN SISTERS HOME OF MEDINA

Street Address: 550 MINER DR		**City and State:** MEDINA, OH 44256	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/22/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	89.8	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	44	89.8	82.3	76.5
Toileting Residents requiring some or total assistance in toileting.	38	77.6	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	79.6	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	67.3	63.9	59.1
Residents on individually written bowel and bladder retraining program.	20	40.8	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	12	24.5	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	31	63.3	40.0	40.9
Residents requiring restraints.	24	49.0	36.2	30.9
Confused or disoriented residents.	11	22.4	60.6	55.4
Residents with bed sores.	3	6.1	4.9	4.8
Residents receiving special skin care.	10	20.4	22.9	23.5

MEDINA, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MEDINA, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F132* F135 F168* F169 F170 F173* F174
F175 F199 F242* F244 F260 F261 F263 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SHANGRI LA HEALTH CARE CENTER

Street Address: 2400 COLUMBIA RD		**City and State:** MEDINA, OH 44256	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 238	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
193	25	135

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	149	77.2	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	159	82.4	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	141	73.1	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	73.1	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	133	68.9	68.6	69.4
Residents on individually written bowel and bladder retraining program.	1	0.5	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	83	43.0	40.5	39.1
Completely bedfast residents.	4	2.1	3.1	3.2
Residents confined to chairs.	134	69.4	52.8	52.3
Residents requiring restraints.	111	57.5	42.2	40.4
Confused or disoriented residents.	112	58.0	60.2	58.6
Residents with bed sores.	17	8.8	7.4	7.6
Residents receiving special skin care.	77	39.9	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F099 F100 F101 F102 F126 F128* F134
F139 F170 F174 F175 F182 F191* F207 F227
F261 F263 F294 F297 F330 F332* F340* F346
F349 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GREENLAWN NH

Street Address: 9901 JOHNNYCAKE RIDGE RD	**City and State:** MENTOR, OH 44060

Participation: MEDICAID ICF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/02/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	86.4	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	41	93.2	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	36	81.8	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	88.6	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	68.2	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	16	36.4	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	26	59.1	40.0	40.9
Residents requiring restraints.	26	59.1	36.2	30.9
Confused or disoriented residents.	34	77.3	60.6	55.4
Residents with bed sores.	4	9.1	4.9	4.8
Residents receiving special skin care.	14	31.8	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F056 F060 F061 F064 F095 F096 F097
F168* F169 F170 F172 F176 F177 F178 F283
F287 F292 F294 F313* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEARTLAND OF MENTOR

Street Address:
8300 CENTER ST

City and State:
MENTOR, OH 44060

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
100

Type of Ownership:
PROPRIETARY

Survey Date:
08/24/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
66

Medicare Residents:
0

Medicaid Residents:
15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	87.9	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	66	100	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	59	89.4	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	90.9	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	77.3	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	81.8	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	54	81.8	52.8	52.3
Residents requiring restraints.	42	63.6	42.2	40.4
Confused or disoriented residents.	54	81.8	60.2	58.6
Residents with bed sores.	2	3.0	7.4	7.6
Residents receiving special skin care.	25	37.9	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MENTOR, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F100 F101 F105 F126 F170 F191* F206
F244 F263 F264 F297 F328 F332* F353 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MENTOR WAY VILLA NH

Street Address: 8903 SHAEFER BOX 229		**City and State:** MENTOR, OH 44060	
Participation: MEDICAID ICF	**# of Beds:** 79	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/05/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
73	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	71.2	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	57	78.1	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	43	58.9	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	71.2	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	58.9	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	16	21.9	33.4	30.4
Completely bedfast residents.	1	1.4	1.7	2.8
Residents confined to chairs.	30	41.1	40.0	40.9
Residents requiring restraints.	24	32.9	36.2	30.9
Confused or disoriented residents.	36	49.3	60.6	55.4
Residents with bed sores.	4	5.5	4.9	4.8
Residents receiving special skin care.	27	37.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

MENTOR, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F130 F170 F199 F263 F282 F283 F293*
F294 F328 F330 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FRIENDLY NURSING HOME

Street Address: 542 E LINDEN AVE		**City and State:** MIAMISBURG, OH 45342	
Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	90.0	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	26	86.7	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	19	63.3	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	63.3	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	76.7	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	7	23.3	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	16	53.3	40.0	40.9
Residents requiring restraints.	4	13.3	36.2	30.9
Confused or disoriented residents.	26	86.7	60.6	55.4
Residents with bed sores.	1	3.3	4.9	4.8
Residents receiving special skin care.	2	6.7	22.9	23.5

MIAMISBURG, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F126 F127* F130 F134 F170 F182
F190 F191* F260 F283 F287 F289 F293* F294
F297 F313* F318 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
HEARTLAND OF OAK RIDGE

Street Address: 450 OAK RIDGE BLVD		**City and State:** MIAMISBURG, OH 45342	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/16/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	5	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	96.8	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	91	96.8	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	78	83.0	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	90.4	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	84.0	68.6	69.4
Residents on individually written bowel and bladder retraining program.	8	8.5	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	47.9	40.5	39.1
Completely bedfast residents.	1	1.1	3.1	3.2
Residents confined to chairs.	36	38.3	52.8	52.3
Residents requiring restraints.	36	38.3	42.2	40.4
Confused or disoriented residents.	48	51.1	60.2	58.6
Residents with bed sores.	7	7.4	7.4	7.6
Residents receiving special skin care.	20	21.3	28.3	31.4

MIAMISBURG, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MIAMISBURG, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F123* F124 F125* F126 F135 F170 F173*
F190 F191* F248 F249 F260 F263 F272 F289
F297 F313* F318 F333

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MIAMI CHRISTEL MANOR

Street Address: 1120 S DUNAWAY ST		**City and State:** MIAMISBURG, OH 45342	
Participation: MEDICAID ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	95.7	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	86	91.5	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	73	77.7	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	72.3	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	68.1	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	44	46.8	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	47	50.0	40.0	40.9
Residents requiring restraints.	30	31.9	36.2	30.9
Confused or disoriented residents.	37	39.4	60.6	55.4
Residents with bed sores.	4	4.3	4.9	4.8
Residents receiving special skin care.	8	8.5	22.9	23.5

MIAMISBURG, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F199 F242* F263

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ALPHA HEALTH CARE CENTER

Street Address: 6973 PEARL RD		**City and State:** MIDDLEBURG HEIGHTS, OH 44130	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/04/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
11	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	11	100	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	11	100	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	11	100	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	90.9	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	72.7	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	3	27.3	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	2	18.2	52.8	52.3
Residents requiring restraints.	3	27.3	42.2	40.4
Confused or disoriented residents.	3	27.3	60.2	58.6
Residents with bed sores.	1	9.1	7.4	7.6
Residents receiving special skin care.	5	45.5	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F181* F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CENTURY OAK CARE CENTER

Street Address: 7250 OLD OAK BLVD		**City and State:** MIDDLEBURG HEIGHTS, OH 44130	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/11/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 9	**Medicaid Residents:** 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	88.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	76	91.6	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	59	71.1	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	86.7	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	59.0	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	78	94.0	40.5	39.1
Completely bedfast residents.	1	1.2	3.1	3.2
Residents confined to chairs.	13	15.7	52.8	52.3
Residents requiring restraints.	53	63.9	42.2	40.4
Confused or disoriented residents.	60	72.3	60.2	58.6
Residents with bed sores.	10	12.0	7.4	7.6
Residents receiving special skin care.	1	1.2	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F085*	F098	F099	F101	F102	F107	F111*
F112*	F114	F116	F119	F120	F126	F132*	F134
F135	F167*	F168*	F169	F170	F187	F199	F222
F223	F224	F232	F254	F256	F257	F260	F261
F285	F310	F332*	F338	F339	F340*	F346	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BRIAR HILL NURSING HOME

Street Address: 15950 PIERCE RD PO BOX 277		**City and State:** MIDDLEFIELD, OH 44062	
Participation: MEDICAID ICF	**# of Beds:** 39	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	100	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	38	97.4	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	32	82.1	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	87.2	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	84.6	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	17	43.6	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	14	35.9	40.0	40.9
Residents requiring restraints.	22	56.4	36.2	30.9
Confused or disoriented residents.	23	59.0	60.6	55.4
Residents with bed sores.	6	15.4	4.9	4.8
Residents receiving special skin care.	6	15.4	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F061 F096 F170 F283 F294 F296 F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OVERBROOK CENTER

Street Address: PO BOX 44 333 PAGE ST	**City and State:** MIDDLEPORT, OH 45760

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
73	12	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	90.4	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	66	90.4	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	59	80.8	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	79.5	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	57.5	68.6	69.4
Residents on individually written bowel and bladder retraining program.	3	4.1	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	35.6	40.5	39.1
Completely bedfast residents.	4	5.5	3.1	3.2
Residents confined to chairs.	39	53.4	52.8	52.3
Residents requiring restraints.	30	41.1	42.2	40.4
Confused or disoriented residents.	51	69.9	60.2	58.6
Residents with bed sores.	2	2.7	7.4	7.6
Residents receiving special skin care.	0	0.0	28.3	31.4

MIDDLEPORT, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F170 F174 F175 F181* F196* F321 F332*
F353 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
BARBARA PARKE CONVALESCENT CENTER

Street Address:
751 KENSINGTON ST

City and State:
MIDDLETOWN, OH 45042

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
208

Type of Ownership:
PROPRIETARY

Survey Date:
09/08/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
186

Medicare Residents:
14

Medicaid Residents:
135

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	148	79.6	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	154	82.8	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	131	70.4	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	73.7	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	120	64.5	68.6	69.4
Residents on individually written bowel and bladder retraining program.	70	37.6	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	153	82.3	40.5	39.1
Completely bedfast residents.	3	1.6	3.1	3.2
Residents confined to chairs.	108	58.1	52.8	52.3
Residents requiring restraints.	74	39.8	42.2	40.4
Confused or disoriented residents.	117	62.9	60.2	58.6
Residents with bed sores.	8	4.3	7.4	7.6
Residents receiving special skin care.	13	7.0	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F124 F125* F126 F133* F134 F318 F319
F349 F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
GARDEN MANOR EXTENDED CARE CENTER

Street Address: 6898 HAMILTON-MIDDLETOWN RD		**City and State:** MIDDLETOWN, OH 45042	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 271	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
237	5	166

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	179	75.5	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	199	84.0	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	170	71.7	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	183	77.2	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	168	70.9	68.6	69.4
Residents on individually written bowel and bladder retraining program.	32	13.5	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	30.4	40.5	39.1
Completely bedfast residents.	8	3.4	3.1	3.2
Residents confined to chairs.	91	38.4	52.8	52.3
Residents requiring restraints.	81	34.2	42.2	40.4
Confused or disoriented residents.	121	51.1	60.2	58.6
Residents with bed sores.	1	0.4	7.4	7.6
Residents receiving special skin care.	58	24.5	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F084 F101 F134 F135 F170 F178 F206
F250 F260 F264 F319 F346 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MIDDLETOWN QUALITY CARE CTR

Street Address: 3100 S MAIN ST		**City and State:** MIDDLETOWN, OH 45042	
Participation: MEDICAID ICF	**# of Beds:** 24	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/10/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
23	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	82.6	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	21	91.3	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	9	39.1	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	34.8	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	39.1	63.9	59.1
Residents on individually written bowel and bladder retraining program.	4	17.4	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	6	26.1	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	3	13.0	40.0	40.9
Residents requiring restraints.	19	82.6	36.2	30.9
Confused or disoriented residents.	9	39.1	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	3	13.0	22.9	23.5

MIDDLETOWN, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F260 F283 F293* F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
WILLOW KNOLL NURSING CENTER

Street Address: 4400 VANNEST AVE		**City and State:** MIDDLETOWN, OH 45042	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/08/88

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	3	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	97.0	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	89	89.9	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	81	81.8	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	82.8	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	81.8	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	28	28.3	40.5	39.1
Completely bedfast residents.	1	1.0	3.1	3.2
Residents confined to chairs.	39	39.4	52.8	52.3
Residents requiring restraints.	42	42.4	42.2	40.4
Confused or disoriented residents.	75	75.8	60.2	58.6
Residents with bed sores.	5	5.1	7.4	7.6
Residents receiving special skin care.	26	26.3	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F135 F206 F263 F285 F289 F294 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
EDISON HEALTH CARE CENTER

Street Address: 185 S MAIN ST		**City and State:** MILAN, OH 44846	
Participation: MEDICAID ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/01/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in batning.	67	79.8	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	72	85.7	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	64	76.2	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	72.6	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	67.9	63.9	59.1
Residents on individually written bowel and bladder retraining program.	14	16.7	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	41	48.8	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	55	65.5	40.0	40.9
Residents requiring restraints.	40	47.6	36.2	30.9
Confused or disoriented residents.	57	67.9	60.6	55.4
Residents with bed sores.	12	14.3	4.9	4.8
Residents receiving special skin care.	2	2.4	22.9	23.5

MILAN, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MILAN, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F084 F097 F099 F100 F101 F102 F125*
F126 F127* F128* F131* F139 F190 F191* F313*
F345* F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ARBORS AT MILFORD,THE

Street Address: 5900 MEADOWCREEK DR		**City and State:** MILFORD, OH 45150	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	14	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	85.4	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	92	95.8	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	86	89.6	75.8	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	88.5	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	84.4	68.6	69.4
Residents on individually written bowel and bladder retraining program.	4	4.2	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	65.6	40.5	39.1
Completely bedfast residents.	8	8.3	3.1	3.2
Residents confined to chairs.	59	61.5	52.8	52.3
Residents requiring restraints.	60	62.5	42.2	40.4
Confused or disoriented residents.	65	67.7	60.2	58.6
Residents with bed sores.	14	14.6	7.4	7.6
Residents receiving special skin care.	5	5.2	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 58/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F116 F167* F168* F170 F199 F206 F242*
F263 F356

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CLERMONT NURSING AND CONV CTR

Street Address: 934 STATE RT 28		**City and State:** MILFORD, OH 45150	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 208	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/28/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
203	22	160

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	165	81.3	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	179	88.2	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	147	72.4	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	172	84.7	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	135	66.5	68.6	69.4
Residents on individually written bowel and bladder retraining program.	6	3.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	86	42.4	40.5	39.1
Completely bedfast residents.	1	0.5	3.1	3.2
Residents confined to chairs.	115	56.7	52.8	52.3
Residents requiring restraints.	135	66.5	42.2	40.4
Confused or disoriented residents.	146	71.9	60.2	58.6
Residents with bed sores.	6	3.0	7.4	7.6
Residents receiving special skin care.	54	26.6	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F124 F125* F126 F206 F227 F248 F249 F250
F259 F263 F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SEM HAVEN HEALTH CARE CENTER

Street Address: 225 CLEVELAND AVE		**City and State:** MILFORD, OH 45150	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/23/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	11	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	78.8	82.4	82.0
Dressing Residents requiring some or total assistance in dressing.	89	89.9	86.4	84.0
Toileting Residents requiring some or total assistance in toileting.	72	72.7	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	72.7	78.8	76.9
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	56.6	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating Residents receiving tube feedings or requiring assistance with eating.	47	47.5	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	62	62.6	52.8	52.3
Residents requiring restraints.	45	45.5	42.2	40.4
Confused or disoriented residents.	21	21.2	60.2	58.6
Residents with bed sores.	10	10.1	7.4	7.6
Residents receiving special skin care.	12	12.1	28.3	31.4

MILFORD, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F084 F132* F135 F181* F206 F260 F358

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ALTERCARE OF MILLERSBURG

Street Address: 4678 S R 83 RT 3		**City and State:** MILLERSBURG, OH 44654	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/03/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	9	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	84.7	82.4	82.0
Dressing				
Residents requiring some or total assistance in dressing.	84	85.7	86.4	84.0
Toileting				
Residents requiring some or total assistance in toileting.	68	69.4	75.8	75.0
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	67.3	78.8	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	57.1	68.6	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	17.3	40.5	39.1
Completely bedfast residents.	0	0.0	3.1	3.2
Residents confined to chairs.	35	35.7	52.8	52.3
Residents requiring restraints.	25	25.5	42.2	40.4
Confused or disoriented residents.	59	60.2	60.2	58.6
Residents with bed sores.	9	9.2	7.4	7.6
Residents receiving special skin care.	31	31.6	28.3	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	21	4.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	16	3.2	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	3	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	19	3.8	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	47	9.5	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	2	0.4	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.4	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	70	14.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	80	16.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	70	14.1	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	41	8.2	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	93	18.7	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	89	17.9	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	53	10.7	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	88	17.7	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	38	7.6	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	79	15.9	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	79	15.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	55	11.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	25	5.0	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	78	15.7	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	103	20.7	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	88	17.7	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	52	10.5	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	39	7.8	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	36	7.2	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	73	14.7	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	14	2.8	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	255	51.3	3729	36.3

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F099 F100 F101 F102 F126 F134
F135 F167* F168* F169 F170 F207 F219 F250
F252 F260 F261 F263 F321 F331 F332* F341
F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
CASTLE VIEW NURSING HOME/SCENIC VIEW

Street Address: TWP RD 334, RT.5		**City and State:** MILLERSBURG, OH 44654	
Participation: MEDICAID ICF	**# of Beds:** 164	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/27/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
163	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	53.4	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	107	65.6	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	67	41.1	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	47.9	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	98	60.1	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	35.0	33.4	30.4
Completely bedfast residents.	1	0.6	1.7	2.8
Residents confined to chairs.	56	34.4	40.0	40.9
Residents requiring restraints.	41	25.2	36.2	30.9
Confused or disoriented residents.	122	74.8	60.6	55.4
Residents with bed sores.	2	1.2	4.9	4.8
Residents receiving special skin care.	59	36.2	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MILLERSBURG, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F101 F102 F105 F131* F134 F139 F168*
F169 F170 F176 F242* F260 F261 F285 F288
F289 F292 F293* F294 F297 F313* F330 F346
F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
FAIRVIEW CASTLE NURSING HOME

Street Address: W JACKSON ST EXT	**City and State:** MILLERSBURG, OH 44654

Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/19/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	55.9	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	18	52.9	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	7	20.6	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	58.8	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	23.5	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	4	11.8	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	2	5.9	40.0	40.9
Residents requiring restraints.	2	5.9	36.2	30.9
Confused or disoriented residents.	14	41.2	60.6	55.4
Residents with bed sores.	1	2.9	4.9	4.8
Residents receiving special skin care.	3	8.8	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F227 F283 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
OVERLOOK CASTLE NURSING HOME

Street Address: 13 HEBRON STREET		**City and State:** MILLERSBURG, OH 44654	
Participation: MEDICAID ICF	**# of Beds:** 35	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
34	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	88.2	81.2	78.5
Dressing				
Residents requiring some or total assistance in dressing.	30	88.2	82.8	76.5
Toileting				
Residents requiring some or total assistance in toileting.	20	58.8	67.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	94.1	73.1	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	47.1	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	23.5	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	13	38.2	40.0	40.9
Residents requiring restraints.	18	52.9	36.2	30.9
Confused or disoriented residents.	27	79.4	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	11	32.4	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F135 F191* F227 F260 F330 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
SUNSET VIEW CASTLE NURSING HOME

Street Address: RD 3		**City and State:** MILLERSBURG, OH 44654	
Participation: MEDICAID ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/06/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	0	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	83.8	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	59	79.7	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	59	79.7	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	100	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	62.2	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	24	32.4	33.4	30.4
Completely bedfast residents.	2	2.7	1.7	2.8
Residents confined to chairs.	28	37.8	40.0	40.9
Residents requiring restraints.	9	12.2	36.2	30.9
Confused or disoriented residents.	59	79.7	60.6	55.4
Residents with bed sores.	1	1.4	4.9	4.8
Residents receiving special skin care.	3	4.1	22.9	23.5

MILLERSBURG, OH

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F052* F073* F076 F084 F101 F105 F131* F134
F139 F168* F169 F170 F242* F255 F260 F261
F293* F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
TERRACE VIEW CASTLE NURSING HOMES

Street Address: HEBRON ST		**City and State:** MILLERSBURG, OH 44654	
Participation: MEDICAID ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/21/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
158	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	46.2	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	104	65.8	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	60	38.0	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	29.1	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	36.7	63.9	59.1
Residents on individually written bowel and bladder retraining program.	31	19.6	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	31	19.6	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	22	13.9	40.0	40.9
Residents requiring restraints.	43	27.2	36.2	30.9
Confused or disoriented residents.	111	70.3	60.6	55.4
Residents with bed sores.	6	3.8	4.9	4.8
Residents receiving special skin care.	43	27.2	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	NOT MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

MILLERSBURG, OH

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F052* F073* F077 F084 F105 F106* F131* F135
F168* F169 F170 F172 F173* F174 F175 F199
F217 F227 F236 F241 F242* F243 F244 F250
F255 F260 F261 F263 F294 F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
VALLEY VIEW CASTLE NURSING HOME

Street Address: #5401 COUNTY RD 349, ROUTE #1		**City and State:** MILLERSBURG, OH 44654	
Participation: MEDICAID ICF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/18/89

Compliance Action:
If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?
NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
30	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	60.0	81.2	78.5
Dressing Residents requiring some or total assistance in dressing.	17	56.7	82.8	76.5
Toileting Residents requiring some or total assistance in toileting.	3	10.0	67.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	66.7	73.1	67.1
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	26.7	63.9	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.3	5.0
Eating Residents receiving tube feedings or requiring assistance with eating.	4	13.3	33.4	30.4
Completely bedfast residents.	0	0.0	1.7	2.8
Residents confined to chairs.	3	10.0	40.0	40.9
Residents requiring restraints.	4	13.3	36.2	30.9
Confused or disoriented residents.	15	50.0	60.6	55.4
Residents with bed sores.	0	0.0	4.9	4.8
Residents receiving special skin care.	3	10.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	33	6.8	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	18	3.7	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	5	1.0	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	20	4.1	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	52	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	2	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	5	1.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	3	0.6	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	32	6.6	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	68	14.1	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	32	6.6	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	25	5.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	84	17.4	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	56	11.6	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	11	2.3	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	52	10.8	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	26	5.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	63	13.0	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	98	20.3	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	31	6.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	31	6.4	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	89	18.4	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	84	17.4	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	103	21.3	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	91	18.8	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	15	3.1	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	244	50.5	2043	38.6

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F131* F170 F282 F283 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

LONG TERM CARE SURVEY

PART B

MEDICARE / MEDICAID SKILLED NURSING FACILITY AND INTERMEDIATE CARE FACILITY SURVEY REP

PROVIDER NUMBER	**FACILITY NAME AND ADDRESS** (*City, State, Zip Code*)
VENDOR NUMBER	
SURVEY DATE	

SURVEYORS' NAMES	TITLES

APPENDIX

SURVEY TEAM COMPOSITION

F1 Indicate the Number of Surveyors According to Disci

A.	☐	Administrator	H.	☐	Life Safety Code Specialist
B.	☐	Nurse	I.	☐	Laboratorian
C.	☐	Dietitian	J.	☐	Sanitarian
D.	☐	Pharmacist	K.	☐	Therapist
E.	☐	Records Admi	L.	☐	Physician
F.	☐	Social Work	M.	☐	Psychologist
G.	☐	Quali [illegible] ation Professional	N.	☐	Other

Note: Mo than o cipline may be marked for surveyors qualified in multiple disciplines.

dicate Number of Surveyors Onsite: ____________________

Form 9 (7-88)

(CONTINUED ON REVERSE)

801

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

PROVIDER NO. ____________ F3 ☐ MEDICARE ________ F4 ☐ MEDICAID ________ F5 ☐ OTHER ______ F6 TOTAL RESIDENTS ______

CODE

BATHING

F7 ___ Number of residents requiring assistance in bathing more than one part of body—or does not bathe self.

F8 ___ Number of residents requiring assistance in bathing only a single part (as back or disabled extremity) or bathes self completely.

F9 ___ **TOTAL***

DRESSING

F10 ___ Number of residents totally dressed by another person.

F11 ___ Number of residents needing assistance to dress self or remain partly dressed. (Exclude those residents totally dressed.)

F12 ___ Number of residents able to get clothes from closets and drawers-puts on clothes, outer garments, braces-manages fasteners. Act of tying shoes is excluded.

F13 ___ **TOTAL***

TOILETING

F14 ___ Number of residents not toileted. (Use protective padding, catheter.)

F15 ___ Number of residents who must use a bedpan or commode and/or receive assistance in getting to and using a toilet.

F16 ___ Number of residents able to get to toilet—gets on and off toilet—cleans self—arranges clothes.

F17 ___ **TOTAL***

TRANSFERRING

F18 ___ Number of residents needing assistance in all transfers (moving in or out of bed and/or chair, toilet, tub transfers).

F19 ___ Number of residents needing assistance in transferring to toilet and tub only.

F20 ___ Number of residents able to complete all transfers independently (may or may not be using mechanical supports).

F21 ___ **TOTAL***

CODE

CONTINENCE

F22 ___ Number of residents with indwelling or external catheters.

F23 ___ Number of residents with partial or total incontinence in urination or defecation—partial or total control by suppositories or enemas, regulated use of urinals and/or bedpans.

F24 ___ Number of residents with urination and defecation entirely self-controlled.

F25 ___ **TOTAL***

FEEDING

F26 ___ Number of residents who receive enteral/parenteral feedings.

F27 ___ Number of residents who receive NG tube feedings.

F28 ___ Number of residents who require assistance in act of eating.

F29 ___ Number of residents who get food from plate or its equivalent into mouth—(pre-cutting of meat and preparation of food, buttering bread, opening cartons, removing plate covers, etc., are *excluded* from evaluation).

F30 ___ **TOTAL***

F31 ___ Number of completely bedfast residents.
F32 ___ Number of chairbound residents.
F33 ___ Number of ambulatory residents (may use cane, walker, or crutches).
F34 ___ Number of physically restrained residents (belt, vest, cuffs).
F35 ___ Number of residents receiving psychotropic drugs.
F36 ___ Number of confused or disoriented residents.
F37 ___ Number of residents with decubiti.
F38 ___ Number of residents on individually written bowel and bladder retraining program.
F39 ___ Number of residents receiving special skin care.
F40 ___ Number of residents receiving intravenous therapy and/or blood transfusion.
F41 ___ Number of residents requiring no assistance in ADLs.
F42 ___ Number of residents on self-administration of drugs.
F43 ___ Number of resident with contractures.
F44 ___ Number of residents receiving respiratory care.
F45 ___ Number of residents receiving tracheostomy care.
F46 ___ Number of residents receiving suctioning.
F47 ___ Number of residents receiving rehabilitative services (physical therapy, speech pathology and audiology, occupational therapy).
F48 ___ Number of residents receiving injections.
F49 ___ Number of residents receiving colostomy care.

*MUST EQUAL TOTAL NUMBER OF RESIDENTS IN FACILITY

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	GOVERNING BODY *(CONDITION OF PARTICIPATION)*				
F50	SNF (405.1121) ☐ MET ☐ NOT MET				
	RESIDENT RIGHTS				
F51	SNF (405.1121(k)) (Standard) ☐ MET ☐ NOT MET **Indicators A thru K apply to this standard for SNFs**				
F52	ICF (442.311) (Standard) ☐ MET ☐ NOT MET **Indicators A thru K apply to this standard for ICFs**				
	A. Information				
F53	1. The facility informs each resident, before or at the time of admission, of his/her rights and responsibilities.				
F54	2. The facility informs each resident, before or at the time of admission, of all rules governing resident conduct.				
F55	3. The facility informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct.				
F56	4. Each resident acknowledges in writing receipt of residents' rights information and any amendment to it.				
F57	5. The resident must be informed in writing of all services and charges for services.				
F58	6. The resident must be informed in writing of all changes in services and charges before or at the time of admission and on a continuing basis.				
F59	7. The resident must be informed of services not covered by Medicare or Medicaid and not covered in the basic rate.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	B. **Medical Condition and Treatment**				
F60	1. Each resident is informed by a physician of his/her health and medical condition unless the physician decides that informing the resident is medically contraindicated.				
F61	2. Each resident is given an opportunity to participate in planning his/her total care and medical treatment.				
F62	3. Each resident is given an opportunity to refuse treatment.				
F63	4. Each resident gives informed, written consent before participating in experimental research.				
F64	5. If the physician decides that informing the resident of his/her health and medical condition is medically contraindicated, the physician has documented this decision in the resident's medical record.				
	C. **Transfer and Discharge** Each resident is transferred or discharged only for:				
F65	1. Medical reasons.				
F66	2. His/her welfare or that of other residents.				
F67	3. Nonpayment except as prohibited by the Medicare or Medicaid program.				
F68	4. Each resident is given reasonable advance notice to ensure orderly transfer or discharge. **Exception: Not required for ICF residents.**				
	D. **Exercising Rights**				
F69	1. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen.				
F70	2. Each resident is allowed to submit complaints and recommendations concerning the policies and services of the facility to staff or to outside representatives of the resident's choice or both.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F71	3. Such complaints are submitted free from restraint, coercion, discrimination, or reprisal.				
	E. **Financial Affairs**				
F72	1. Residents are allowed to manage their own personal financial affairs.				
F73	2. The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility at least on a quarterly basis.				
F74	3. The facility does not commingle resident funds with any other funds.				
F75	4. If a resident requests assistance from the facility in managing his/her personal financial affairs, resident's delegation is in writing.				
	5. The facility system of accounting includes written receipts for:				
F76	All personal possessions and funds received by or deposited with the facility.				
F77	All disbursements made to or for the resident.				
F78	6. The financial record must be available to the resident and his/her family.				
	F. **Freedom from Abuse and Restraints**				
F79	1. Each resident is free from mental and physical abuse.				
F80	2. Chemical and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.				

525

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F81	3. If used in emergencies, they are necessary to protect the resident from injury to himself/herself or others.				
F82	4. The emergency use is authorized by a professional staff member identified in the written policies and procedures of the facility.				
F83	5. The emergency use is reported promptly to the resident's physician by the staff member.				
	G. **Privacy**				
F84	1. Each resident is treated with respect, consideration and full recognition of his/her dignity and individuality.				
F85	2. Each resident is given privacy during treatment and care of personal needs.				
F86	3. Each resident's records, including information in an automated data bank, are treated confidentially.				
F87	4. Each resident must give written consent before the facility releases information from his/her record to someone not otherwise authorized to receive it.				
F88	5. Married residents are given privacy during visits by their spouses.				
F89	6. Married residents are permitted to share a room.				
	H. **Work**				
F90	No resident may be required to perform services for the facility.				

806

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	I. **Freedom of Association and Correspondence**				
F91	1. Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.				
F92	2. Each resident is allowed to send and receive personal mail unopened.				
	J. **Activities**				
F93	Each resident is allowed to participate in social, religious, and community group activities.				
	K. **Personal Possessions**				
F94	Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.				
	L. **Delegation of Rights and Responsibilities**				
F95	ICF (442.312) (Standard) ☐ MET ☐ NOT MET				
F96	1. All the rights and responsibilities of a resident pass to the resident's guardian, next of kin or sponsoring agency or agencies if the resident is adjudicated incompetent under State law or is determined by his/her physician to be incapable of understanding his/her rights and responsibilities.				
F97	2. Physician determinations of incapability and the specific reasons thereof are recorded by the physician in the resident's record.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	STAFF DEVELOPMENT				
F98	SNF (405.1121(h)) (Standard) ☐ MET ☐ NOT MET				
F99	ICF (442.314) (Standard) ☐ MET ☐ NOT MET				
F100	1. Facility staff are knowledgeable about the problems and needs of the aged, ill, and disabled.				
F101	2. Facility staff practices proper techniques in providing care to the aged, ill, and disabled.				
F102	3. Facility staff practice proper technique for prevention and control of infection, fire prevention and safety, accident prevention, confidentiality of resident information, and preservation of resident dignity, including protection of privacy and personal and property rights.				
	STATUS CHANGE NOTIFICATIONS				
F103	SNF (405.1121(j)) (Standard) ☐ MET ☐ NOT MET				
F104	ICF (442.307) (Standard) ☐ MET ☐ NOT MET				
F105	1. The facility notifies the resident's attending physician and other responsible persons in the event of an accident involving the resident, or other significant change in the resident's physical, mental, or emotional status, or resident charges, billings, and related administrative matters.				
F106	2. Except in a medical emergency, a resident is not transferred or discharged, nor is treatment altered radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICIANS' SERVICES *(CONDITION OF PARTICIPATION)*				
F107	SNF (405.1123) ☐ MET ☐ NOT MET				
	A. Medical Findings and Orders at Time of Admission				
F108	SNF (405.1123(a)) (Standard) ☐ MET ☐ NOT MET				
F109	1. There is made available to the facility prior to or at the time of admission, resident information which includes current medical findings, diagnoses, and orders from a physician for immediate care of the resident.				
F110	2. Information about the rehabilitation potential of the resident and a summary of prior treatment are made available to the facility at the time of admission or within 48 hours thereafter.				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Resident Supervision by Physician				
F111	SNF (405.1123(b)) (Standard) ☐ MET ☐ NOT MET				
F112	ICF (442.346) (Standard) ☐ MET ☐ NOT MET **Indicators B and C apply to this standard for ICFs**				
F113	1. Every resident must be under the supervision of a physician.				
F114	2. A physician prescribes a planned regimen of care based on a medical evaluation of each resident's immediate and long-term care needs. **Exception: Not required for ICF residents**				
F115	3. A physician is available to provide care in the absence of any resident's attending physician.				
F116	4. Medical evaluation is done within 48 hours of admission unless done within 5 days prior to admission. **Exception: Not required for ICF residents.**				
F117	5. Each resident is seen by their attending physician at least once every 30 days for the first 90 days after admission. **Exception: ICF residents must be seen every 60 days unless otherwise justified and documented by the attending physician.**				
F118	6. Each resident's total program of care including medications and treatments is reviewed during a visit by the attending physician at least once every 30 days for the first 90 days and revised as necessary. **Exception: Only medications must be reviewed quarterly for ICF residents.**				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES/NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F119	7. Progress notes are written and signed by the physician at the time of each visit, and all orders are signed by the physician.				
F120	8. Alternate physician visit schedules that exceed a 30-day schedule adopted after the 90th day following admission are justified by the attending physician in the medical record. These visits cannot exceed 60 days or apply to residents who require specialized rehabilitation schedules. **Exception: Not required for ICF residents.**				
F121	C. **Emergency Services** SNF (405.1123(c)) (Standard) ☐ MET ☐ NOT MET				
F122	Emergency services from a physician are available and provided to each resident who requires emergency care.				
F123	**NURSING SERVICES *(CONDITION OF PARTICIPATION)*** SNF (405.1124) ☐ MET ☐ NOT MET				
F124	SNF (405.1124(c)) (Standard) ☐ MET ☐ NOT MET **Indicators A and B apply to this standard for SNFs.**				
F125	ICF (442.338) ☐ MET ☐ NOT MET **Indicators A thru E apply to this standard for ICFs except where noted.**				
	A. The facility provides nursing services which are sufficient to meet nursing needs of all residents all hours of each day.				
F126	1. Each resident receives all treatments, medications and diet as prescribed. Deviations are reported and appropriate action is taken.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F127	2. Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to engage in self care activity.				
F128	3. Each resident receives care necessary to prevent skin breakdown.				
F129	4. Each resident with a decubitus receives care necessary to promote the healing of the decubitus including proper dressing.				
F130	5. When residents require restraints the application is ordered by the physician, applied properly, and released at least every 2 hours.				
F131	6. Each resident with incontinence is provided with care necessary to encourage continence including frequent toileting and opportunities for rehabilitative training.				
F132	7. Each resident with a urinary catheter receives proper routine care including periodic evaluation.				
F133	8. Each resident receives proper care for the following needs: Injections Parenteral Fluids Colostomy/Ileostomy Respiratory Care Tracheostomy Care Suctioning Tube Feeding				
F134	9. Infection Control Techniques are properly carried out in the provision of care to each resident.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F135	10. Proper nursing and sanitary procedures and techniques are used when medications are given to residents.				
F136	11. Adequate resident care supplies are available for providing treatments.				
	B. Twenty-Four Hour Nursing Service				
F137	1. Nursing personnel,including registered nurses, licensed practical (vocational) nurses, nurse aides, orderlies, and ward clerks, are assigned duties consistent with their education and experience, and based on the characteristics of the resident load. **Exception: Not required for ICFs.**				
F138	2. Weekly time schedules are maintained and indicate the number and classifications of nursing personnel including relief personnel, who worked on each unit for each tour of duty. (If a distinct part certification, show the staffing for the DP and, if appropriate, any nonparticipating remainder and explain any sharing of nursing personnel.) **Exception: Not required for Freestanding ICFs.**				
F139	3. There is a sufficient number of nursing staff available to meet the total needs of all residents.				
F140	4. There is a registered nurse on the day tour of duty 7 days a week. **Exception: Not required for ICF residents.**				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. **Charge Nurse**				
F141	SNF (405.1124(b)) (Standard) ☐ MET ☐ NOT MET				
F142	1. A registered nurse or a qualified licensed practical (or vocational) nurse is designated as charge nurse by the director of nursing for each tour of duty. **Exception: Not required for ICFs.**				
F143	2. The director of nursing services does not serve as charge nurse in a facility with an average daily total occupancy of 60 or more residents. **Exception: Not required for ICFs.**				
F144	3. The ICF must have a registered nurse, or a licensed practical or vocational nurse full-time, 7 days a week, on the day shift. **Exception: Not required for SNFs.**				

NAME OF FACILITY

List the number of full-time equivalents of RN's, LPN's, Aides/Orderlies assigned to nursing duty from the last 3 complete weeks. (Note only actual staff on duty.)

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F145																					
	Entire Facility	F146																					
EVENING	DP	F147																					
	Entire Facility	F148																					
NIGHT	DP	F149																					
	Entire Facility	F150																					

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP																						
	Entire Facility																						
EVENING	DP																						
	Entire Facility																						
NIGHT	DP																						
	Entire Facility																						

NAME OF FACILITY

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F151																					
	Entire Facility	F152																					
EVENING	DP	F153																					
	Entire Facility	F154																					
NIGHT	DP	F155																					
	Entire Facility	F156																					

STAFFING PATTERN WORKSHEETS DAY OF SURVEY (OPTIONAL)

ENTIRE FACILITY STAFFING PATTERN (DAY OF SURVEY)

	CODE		RN	PN	A
DAY	F157	REPORT			
	F158	ACTUAL			
EVENING	F159	REPORT			
	F160	ACTUAL			
NIGHT	F161	REPORT			
	F162	ACTUAL			

UNIT STAFFING PATTERN WORKSHEET (DAY OF SURVEY)

	CODE	Unit			Unit			Unit			Unit			Unit			Unit			Unit		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	F163																					
EVENING	F164																					
NIGHT	F165																					
CENSUS	F166																					

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	D. **Patient Care Management**				
F167	SNF (405.1124(d)) (Standard) ☐ MET ☐ NOT MET				
F168	ICF (442.341) (Standard) ☐ MET ☐ NOT MET				
F169	1. Each resident's needs are addressed in a written plan of care which demonstrates that the plans of all services are integrated, consonant with the physician's plan of medical care, and implemented shortly after admission.				
F170	2. Each professional service identifies needs, goals, plans, and evaluates the effectiveness of interventions, plus institutes changes in the plan of care in a timely manner.				
	E. **Rehabilitative Nursing Services are performed daily, and recorded for those residents who require such service.**				
F171	SNF (405.1124(e)) (Standard) ☐ MET ☐ NOT MET				
F172	ICF (442.342) (Standard) ☐ MET ☐ NOT MET				
F173	1. Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent immobility, deformities, and contractures.				
F174	2. There is an ongoing evaluation of each resident's rehabilitative nursing needs. This may include;				
F175	(a) Range of motion, ambulation, turning and positioning and other activities;				
F176	(b) Assistance and instruction in the activities of daily living such as feeding, dressing, grooming, oral hygiene and toilet activities;				
F177	(c) Remotivation therapy and/or reality orientation when appropriate.				
F178	3. These activities are coordinated with other resident care services.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F179	F. **The facility has an awareness of nutritional needs and fluid intake of residents and provides prompt assistance where necessary in feeding residents.** SNF (405.1124(f)) (Standard) ☐ MET ☐ NOT MET				
F180	1. Each resident is provided with the amount of food and fluid on a daily basis necessary to maintain their appropriate minimum average weight. Between meal feedings are offered and the amount consumed is observed. Daily food and fluid intake is observed and encouraged.				
F181	2. Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.				
F182	3. Deviations from normal food and fluid intake are recorded and reported to the charge nurse and the attending physician.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	F. **Administration of Drugs**				
F183	SNF (405.1124(g)) (Standard) ☐ MET ☐ NOT MET				
F184	ICF (442.337) (Standard) ☐ MET ☐ NOT MET				
F185	1. The resident is identified prior to administration of a drug.				
F186	2. Drugs and biologicals are administered as soon as possible after doses are prepared.				
F187	3. Administered by same person who prepared the doses for administration except under single unit dose package distribution systems.				
F188	**Exception: ICF residents may self administer medication only with their physician's permission.**				
	H. **Conformance with Physician Drug Orders**				
F189	SNF (405.1124(h)) (Standard) ☐ MET ☐ NOT MET				
F190	ICF (442.334) (Standard) ☐ MET ☐ NOT MET				
F191	Drugs are administered in accordance with written orders of the attending physician.				
F192	Drug Error Rate __________% (See Form HCFA-522)				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	DIETETIC SERVICES *(CONDITION OF PARTICIPATION)*				
F193	SNF (405.1125) ☐ MET ☐ NOT MET				
F194	ICF (442.332) (Standard) ☐ MET ☐ NOT MET Indicators A and B apply to this standard for ICFs.				
	A. **Menus and Nutritional Adequacy**				
F195	SNF (405.1125(b)) (Standard) ☐ MET ☐ NOT MET				
F196	Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders and, to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.				
	B. **Therapeutic Diets**				
F197	SNF (405.1125(c)) (Standard) ☐ MET ☐ NOT MET				
F198	1. Therapeutic diets are prescribed by the attending physician.				
F199	2. Therapeutic menus are planned in writing, prepared, and served as ordered with supervision from the dietitian and advice from the physician whenever necessary.				
F200	Number of Regular Diets ____________				
F201	Number of Therapeutic Diets ____________				
F202	Number of Mechanically Altered Diets ____________				
F203	Number of Tube Feedings ____________				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. Preparation				
F204	SNF (405.1125(e)) (Standard) ☐ MET ☐ NOT MET				
F205	1. Food is prepared by methods that conserve its nutritive value and flavor.				
F206	2. Meals are palatable, served at proper temperatures. They are cut, ground, chopped, pureed or in a form which meets individual resident needs.				
F207	3. If a resident refuses food served, appropriate substitutes of similar nutritive value are offered.				
	D. Frequency				
F208	SNF (405.1125(d)) (Standard) ☐ MET ☐ NOT MET				
F209	ICF (442.331) (Standard) ☐ MET ☐ NOT MET				
F210	1. At least three meals are served daily at regular hours with not more than a 14-hour span between a substantial evening meal and breakfast.				
F211	2. To the extent medically possible, bedtime nourishments are offered to all residents. **Exception: Not required for ICF Residents.**				
	E. Staffing				
F212	SNF (405.1125.(a)) (Standard) ☐ MET ☐ NOT MET				
F213	1. Food service personnel are on duty daily over a period of 12 or more hours.				

821

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	SPECIALIZED REHABILITATIVE SERVICES *(CONDITION OF PARTICIPATION)*				
F214	SNF (405.1126) ☐ MET ☐ NOT MET				
F215	SNF (405.1126(b)) (Standard) ☐ MET ☐ NOT MET				
F216	ICF (442.343) (Standard) ☐ MET ☐ NOT MET				
	A. **Plan of Care**				
F217	Rehabilitative services are provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapist(s) and the nursing service.				
	B. **Therapy**				
F218	Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.				
	C. **Progress**				
F219	1. A report of the resident's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services. **Exception: ICF resident's progress must be reviewed regularly.**				

822

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES/PHARMACEUTICAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F220	2. The resident's progress is thereafter reviewed regularly, and the plan of rehabilitative care is reevaluated as necessary, but at least every 30 days, by the physician and the therapist. **Exceptions: ICF residents' plans must be revised as necessary.**				
	PHARMACEUTICAL SERVICES *(CONDITION OF PARTICIPATION)*				
F221	SNF (405.1127) ☐ MET ☐ NOT MET				
	A. Supervision				
F222	SNF (405.1127(a)) (Standard) ☐ MET ☐ NOT MET				
F223	ICF (442.336) (Standard) ☐ MET ☐ NOT MET				
F224	The pharmacist reviews the drug regimen of each resident at least monthly and reports any irregularities to the medical director and administrator.				

822

NAME OF FACILITY

CODE	PHARMACEUTICAL SERVICES LABORATORY AND RADIOLOGIC SERVICES/SOCIAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. **Labeling of Drugs and Biologicals**				
F225	SNF (405.1127(c)) (Standard) ☐ MET ☐ NOT MET				
F226	ICF (442.333) (Standard) ☐ MET ☐ NOT MET				
F227	The labeling of drugs and biologicals is based on currently accepted professional principles and includes the appropriate accessary and cautionary instructions as well as an expiration date when applicable.				
	LABORATORY AND RADIOLOGIC SERVICES *(CONDITION OF PARTICIPATION)*				
F228	SNF (405.1128) ☐ MET ☐ NOT MET				
F229	SNF (405.1128(a)) (Standard) ☐ MET ☐ NOT MET				
	Provision of Services				
F230	1. All services are provided only on the orders of a physician.				
F231	2. The attending physician is notified promptly of diagnostic findings.				
F232	3. Signed and dated reports of a clinical laboratory, X-ray and other diagnostic services are filed with the resident's medical record.				

NAME OF FACILITY

CODE	SOCIAL SERVICES/ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
	SOCIAL SERVICES *(CONDITION OF PARTICIPATION)*				
F233	SNF (405.1130) ☐ MET ☐ NOT MET				
F234	SNF (405.1130(a)) (Standard) ☐ MET ☐ NOT MET				
F235	ICF (442.344) (Standard) ☐ MET ☐ NOT MET				
F236	A. **Plan** The medically related social and emotional needs of the resident are identified.				
F237	B. **Provision of Services** Services are provided to meet the social and emotional needs by the facility or by referral to an appropriate social agency.				
F238	2. If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.				
	ACTIVITIES *(CONDITION OF PARTICIPATION)*				
F239	SNF(405.1131) ☐ MET ☐ NOT MET				
	Provision of Services				
F240	SNF (405.1131(b)) (Standard) ☐ MET ☐ NOT MET				

NAME OF FACILITY

CODE	ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
F241	ICF (442.345) (Standard) ☐ MET ☐ NOT MET				
F242	1. An ongoing program of meaningful activities is provided based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of their choice, if any.				
F243	2. Unless contraindicated by the attending physicians each resident is encouraged to participate in the activities program.				
F244	3. The activities promote the physical, social and mental well-being of the resident.				
F245	4. Equipment is maintained in good working order.				
F246	5. Supplies and equipment are available.				

826

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	MEDICAL RECORDS *(CONDITION OF PARTICIPATION)*				
F247	SNF (405.1132) ☐ MET ☐ NOT MET				
	Content				
F248	SNF (405.1132(c)) (Standard) ☐ MET ☐ NOT MET				
F249	ICF (442.318) (Standard) ☐ MET ☐ NOT MET				
F250	1. The medical record contains sufficient information to identify the resident clearly, to justify diagnoses and treatment, and to document results accurately.				

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	2. The medical record contains the following information:				
F251	a. Identification information				
F252	b. Admission data including past medical and social history				
F253	c. Transfer form, discharge summary from any transferring facility				
F254	d. Report of resident's attending physician				
F255	e. Report of physical examinations				
F256	f. Reports of physicians' periodic evaluations and progress notes				
F257	g. Diagnostic reports and therapeutic orders				
F258	h. Reports of treatments				
F259	i. Medications administered				
F260	j. An overall plan of care setting forth goals to be accomplished through each service's designed activities, therapies and treatments.				
F261	k. Assessments and goals of each service's plan of care				
F262	l. Treatments and services rendered				
F263	m. Progress notes				
F264	n. All symptoms and other indications of illness or injury including date, time and action taken regarding each problem.				

NAME OF FACILITY

CODE	TRANSFER AGREEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	TRANSFER AGREEMENT *(CONDITION OF PARTICIPATION)*				
F265	SNF (405.1133) ☐ MET ☐ NOT MET				
F266	SNF (405.1133(a)) (Standard) ☐ MET ☐ NOT MET				
F267	ICF (442.316) (Standard) ☐ MET ☐ NOT MET				
F268	A. Whenever the attending physician determines that a transfer is medically appropriate between a hospital or a facility providing more specialized care and the nursing facility, admission to the new facility shall be effected in a timely manner.				
F269	B. Information necessary for providing care and treatment to transferred individuals is provided.				

829

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F270	**PHYSICAL ENVIRONMENT *(CONDITION OF PARTICIPATION)*** SNF (405.1134) ☐ MET ☐ NOT MET				
F271	A. **Nursing Unit** SNF (405.1134(d)) (Standard) ☐ MET ☐ NOT MET				
F272	1. The unit is properly equipped for preparation and storage of drugs and biologicals.				
F273	2. Utility and storage rooms are adequate in size.				
F274	3. The unit is equipped to register resident calls with a functioning communication system from resident areas including resident rooms and toilet and bathing facilities.				
F275	B. **Dining and Activities Area** SNF (405.1134(g) (Standard) ☐ MET ☐ NOT MET				
F276	ICF (442.329) (Standard) ☐ MET ☐ NOT MET				
F277	1. The facility provides one or more clean, orderly and appropriately furnished rooms of adequate size, designated for resident dining and resident activities.				
F278	2. Dining and activity rooms are well lighted and ventilated.				
F279	3. Any multipurpose room used for dining and resident activities has sufficient space to accommodate all activities and prevent their interference with each other.				

830

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F280	SNF (405.1134(e)) (Standard) ☐ MET ☐ NOT MET **Indicators C and D apply to this standard for SNFS.**				
	C. Resident Rooms				
F281	ICF (442.325) (Standard) ☐ MET ☐ NOT MET				
F282	1. Single resident rooms have at least 100 square feet.				
F283	2. Multiple resident rooms have no more than four residents and at least 80 square feet per resident.				
F284	3. Each room is equipped with or conveniently located near toilet and bathing facilities.				
F285	4. There is capability of maintaining privacy in each.				
F286	5. There is adequate storage space for each resident.				
F287	6. There is a comfortable and functioning bed and chair plus a functional cabinet and light.				
F288	7. The resident call system functions in resident rooms.				
F289	8. Each room is designed and equipped for adequate nursing care and the comfort and privacy of the residents.				
F290	9. Each room is at or above grade level.				
F291	10. Each room has direct access to a corridor and outside exposure. **Exception: Not required for ICF residents.**				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	D. Toilet and Bath Facilities				
F292	ICF (442.326) (Standard) ☐ MET ☐ NOT MET				
F293	1. Facilities are clean, sanitary and free of odors.				
F294	2. Facilities have safe and comfortable hot water temperatures.				
F295	3. Facilities maintain privacy.				
F296	4. Facilities have grab bars and other safeguards against slipping.				
F297	5. Facilities have fixtures in good condition.				
F298	6. The resident call system functions in toilet and bath facilities.				
	E. Social Service Area				
F299	SNF (405.1130(b)) (Standard) ☐ MET ☐ NOT MET				
F300	1. Ensures privacy for social service interviewing.				
F301	2. Adequate space for clerical and interviewing functions is provided.				
F302	3. Facilities are easily accessible to residents and staff.				

832

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	F. Therapy Areas				
F303	SNF (405.1126(a)) (Standard) ☐ MET ☐ NOT MET				
F304	ICF (442.328(a)) ☐ MET ☐ NOT MET				
F305	1. Space is adequate for proper use of equipment by all residents receiving treatments.				
F306	2. Equipment is safe and in proper working condition.				
	G. Facilities for Special Care				
F307	SNF (405.1134(f)) (Standard) ☐ MET ☐ NOT MET				
F308	ICF (442.328(b)) ☐ MET ☐ NOT MET				
F309	1. Single rooms with private toilet and handwashing facilities are available for isolating residents.				
F310	2. Precautionary signs are used to identify these rooms when in use.				
	H. Common Resident Areas				
F311	SNF (405.1134(j)) (Standard) ☐ MET ☐ NOT MET				
F312	ICF (442.324) (Standard) ☐ MET ☐ NOT MET				
F313	1. All common resident areas are clean, sanitary and free of odors.				
F314	2. Provision is made for adequate and comfortable lighting levels in all areas.				
F315	3. There is limitation of sounds at comfort levels.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F316	4. A comfortable room temperature is maintained.				
F317	5. There is adequate ventilation through windows or mechanical means or a combination of both.				
F318	6. Corridors are equipped with firmly secured handrails on each side.				
F319	7. Staff are aware of procedures to ensure water to all essential areas in the event of loss of normal supply.				
F320	I. **Maintenance of Building and Equipment** SNF (405.1134(i)) (Standard) ☐ MET ☐ NOT MET				
F321	1. The interior and exterior of the building are clean and orderly.				
F322	2. All essential mechanical and electrical equipment is maintained in safe operating condition.				
F323	3. Sufficient storage space is available and used for equipment to ensure that the facility is orderly and safe.				
F324	4. Resident care equipment is clean and maintained in safe operating condition.				
F325	ICF (442.331(b)) ☐ MET ☐ NOT MET **Indicators J thru L apply to ICFs.**				
F326	J. **Dietetic Service Area** SNF (405.1134(h)) (Standard) ☐ MET ☐ NOT MET				
F327	1. Kitchen and dietetic service areas are adequate to insure proper, timely food services for all residents.				
F328	2. Kitchen areas are properly ventilated, arranged, and equipped for storage and preparation of food as well as for dish and utensil cleaning, and refuse storage and removal.				

834

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT/INFECTION CONTROL	YES	NO	N/A	EXPLANATORY STATEMENT
F329	K. **Hygiene of Dietary Staff** SNF (405.1125(f)) (Standard) ☐ MET ☐ NOT MET				
F330	1. Dietetic service personnel practice hygienic food handling techniques.				
F331	L. **Dietary Sanitary Conditions** SNF (405.1125(g)) (Standard) ☐ MET ☐ NOT MET				
F332	1. Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.				
F333	2. Waste is disposed of properly.				
F334	M. **Emergency Power** SNF (405.1134(b)) (Standard) ☐ MET ☐ NOT MET				
F335	1. An emergency source of electrical power necessary to protect the health and safety of residents is available in the event the normal electrical supply is interrupted.				
F336	2. Emergency power is adequate at least for lighting in all means of egress; equipment to maintain fire detection, alarm, and extinguishing systems; and life safety support systems.				
F337	3. Emergency power is provided by an emergency electrical generator located on the premises where life support systems are used.				
F338	**INFECTION CONTROL *(CONDITION OF PARTICIPATION)*** SNF (405.1135) ☐ MET ☐ NOT MET				
F339	A. **Infection Control** SNF (405.1135(b)) (Standard) ☐ MET ☐ NOT MET				
F340	Aseptic and isolation techniques are followed by all personnel.				

NAME OF FACILITY

CODE	INFECTION CONTROL/DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F341	**B. Sanitation** SNF (405.1135(c)) (Standard) ☐ MET ☐ NOT MET				
F342	The facility maintains a safe, clean, and orderly interior.				
F343	**C. Linen** SNF (405.1135(d) (Standard) ☐ MET ☐ NOT MET				
F344	ICF (442.327) (Standard) ☐ MET ☐ NOT MET				
F345	1. The facility has available at all times a quantity of linen essential for proper care and comfort of residents.				
F346	2. Linens are handled; stored, processed, and transported in such a manner as to prevent the spread of infection.				
F347	D. **Pest Control** SNF (405.1135(e)) (Standard) ☐ MET ☐ NOT MET				
F348	ICF (442.315(c)) (Standard) ☐ MET ☐ NOT MET				
F349	1. The facility is maintained free from insects and rodents.				
F350	**DISASTER PREPAREDNESS *(CONDITION OF PARTICIPATION)*** SNF (405.1136) ☐ MET ☐ NOT MET				
F351	SNF (405.1136(a)) (Standard) ☐ MET ☐ NOT MET				
F352	ICF (442.313) (Standard) ☐ MET ☐ NOT MET **Indicators A and B apply to this standard for ICFs.**				
F353	**A. Disaster Plan** 1. Facility staff are aware of plans, procedures to be followed for fire, explosion or other disaster.				

Form HCFA-519 (7-88)

836

NAME OF FACILITY

CODE	DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F354	2. Facility staff are knowledgeable about evacuation routes.				
F355	3. Facility staff are aware of their specific responsibilities in regard to evaluation and protection of residents.				
F356	4. Facility staff are aware of methods of containing fire.				
	B. Drills				
F357	SNF (405.1136(b)) (Standard) ☐ MET ☐ NOT MET				
F358	1. All employees are trained, as part of their employment orientation in all aspects of preparedness for any disaster.				
F359	2. Facility staff participate in ongoing training and drills in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster.				

SKILLED NURSING FACILITY & INTERMEDIATE CARE FACILITY

SURVEY REPORT — PART B
CRUCIAL DATA EXTRACT
(To be used with 7-88 Revision of Form HCFA-519)

PROVIDER NO.	FACILITY NAME	SURVEY DATE

SURVEY TEAM COMPOSITION

*F1: INDICATE THE NUMBER OF SURVEYORS ACCORDING TO DISCIPLINE:

A.	______	ADMINISTRATOR	H.	______	LIFE SAFETY CODE SPECIALIST
B.	______	NURSE	I.	______	LABORATORIAN
C.	______	DIETITIAN	J.	______	SANITARIAN
D.	______	PHARMACIST	K.	______	THERAPIST
E.	______	RECORDS ADMINISTRATOR	L.	______	PHYSICIAN
F.	______	SOCIAL WORKER	M.	______	PSYCHOLOGIST
G.	______	QUALIFIED MENTAL RETARDATION PROFESSIONAL	N.	______	OTHER

NOTE: MORE THAN ONE DISCIPLINE MAY BE MARKED FOR SURVEYORS QUALIFIED IN MULTIPLE DISCIPLINES.

*F2: INDICATE THE TOTAL NUMBER OF SURVEYORS ONSITE: ____

*F193: DRUG ERROR RATE: ______% (Round % to nearest whole number.)

*SF5 Survey Form Indicator (Check one)

Traditional Survey (1) ☐

New LTC Survey (2) ☐

NOTE: PLEASE ATTACH COPY OF PAGES 2, 14 AND 15.

*Mandatory

Form HCFA-519E (7-88)

*U.S.GOVERNMENT PRINTING OFFICE:1990-258-772